N. B.—WRITE PLAI

V. S. No. 1

See instructions on back of certificate.

TION is very important.

)EP	111	1	1	3	61	-
			1	1	4	f
ration	Dist.	No		7		

1. PLACE OF					-(8)	25	4	4
County_OI	Baltimore		3		A = A A a w 17	Registration [
Village or C	ity Fort How	ard, Tar			tation H	tution, give its NAME	instead of street and	Ward
Length of resid	dence in city or town where d	eath occurred						
2. FULL NAI	ME Robert A	ldridge		If U.S	. Veteran spec	ify WAR	104 104	***************
	ce: No	(Usual place	of abode)	St.,		*	rive city or town a	
PERSON	AL AND STATISTI			1	MEDICAL C	CERTIFICATE		
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word) Infant	21. DATE (OF DEATH	ebruary (Month)	20 (Day)	, 193 6 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Infant					Y CERTIFY	Y, That I attende	d deceased from
6. DATE OF BIRTH (bruary 2	if LESS than	l iast saw h	d on the date sta	ted above, at	, 19 m.	
8. Trade, profes	ssion, or particular		1 day,hrs. ormin.	The PRINCIPAL were as follows	CAUSE OF DEA	ATH and related cause	s of importance	Date of onset
SAWYER, Industry or I work was	vork done, as SPINNER, BDOKKEEPER, etcbusiness in which s done, as SILK MILL,	203		-				
	L, BANK, etced last worked at pation (month and	Spe	time (years) ent in this upation					
12. BIRTHPLACE (cit (State or cour	, , , , , , , , , , , , , , , , , , , ,	Howard,	Maryland	Other Contribut	tary Causes of Im	portance:		
	lvin S. Aldrid	lge						
14. BIRTHPLACE (State or		ron						
16. BIRTHPLACE	country) y			Accident, suicid		auses (VIOL ENCE) fill	Date of injury	, 19
17. INFORMANT (Address)	H.M.Williams Fort Howard	on Major		Specify whether	r Injury occurred	in iNDUSTRY, in HO	town, county and S ME, or in PUBLIC I	PLACE.
18. BURIAL, CREMAT	Howard W	d. Date Fe	l 24,1936	Manner of injury				
19. UNDERTAKER (Address)	Ft. Hor	ward	· md	Was disease	or injury in any	way related to good pa	ition of deceased?	
20. FILED	, 19		Paris	(Signet)	HAR STATI	temson Me.	or W.C2	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstituti nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Company Comp	July 5,1927	Peritonitis - •	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	130/2 × 130/2
/ County	Registration Dist. Np. c 3 3
Village or City Quingo Mills	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	deall occurred in a hospital of institution, give its IVALVIC instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles H. allen	
(a) Residence: Np. Owings Mills	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind) Warren of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flynence L. Allew	1 HEREBY CERTIFY That attended deceased from 1236
6. DATE OF BIRTH (month, day, and year) Oct 18 1870	/ I last saw h / M alive on 193 k; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 3 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	- Lange
or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc.	Sub-acute muse redition of auto
	Durotion: One month.
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Balto Co	Other Contributory Causes of importance:
(State or country)	1 - Hanke + 15 - 1 1/2/2/
13. NAME Soloman C. allen	Joseph Joseph To Manager 1956
14. BIRTHPLACE (city or town) Balti Co	Name of operation
(State or country)	
15. MAIDEN NAME Omando Cairons	What test confirmed diagnosis? Was there an eutopsy? Was there an eutopsy?
16. BIRTHPLACE (city or town) Balto Co	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Edward C. alling (Address) Owing Mills Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR MEMOVAL Place Plussant Hill Com Fib. 3 136	Manner of Injury
Date	Nature of injury
19. UNDERTAKER J. L. Clime & Jone	24. Wes disease or Injury In any way related to occupation of deceased?
(Address) Okcististown Ma	If so, specify
20. FILED - 26 3 1936 OF m Blades	(Signed) M. D.
Registrar.	(Address) Wellfatown Ind

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

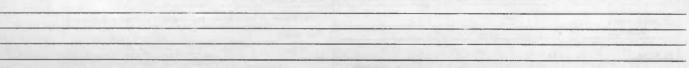
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis MAC 5 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	i		



See instructions on back of certificate.

ry important.

mation CAUS NOIL

V. S. No. 1

STATE OF MARYLAND—	CEPTIFICATE OF DEATH	2 (2)
1. PLACE OF DEATH		08
County Raltamer.	(67-a) 16	1)
	Registration Dist. No.	······
Village or City (If	death occupied in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs	nosds.
2. FULL NAME CATHUM BOW	If U. S. Veteran, specify WAR	
(a) Residence: No. 916 A. Ovolu	St., Ward.	
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Find W Ty OR DIVORCED (write the word)	FW as	., 193 -6
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND OF BUYAND BUN.	22. FIN I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) January 31, 1875	I last saw h Ascalive on Ful 25 ,1936	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 30pm.	
6/ 55 - 249 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broughof seluming	2-19-36
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		-
To. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	A * *	
13 NAME PALMAGNATIANA PILA	1 sylamin	
g g		
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
15, MAIDEN NAME ROLLAND PLACE	What test confirmed diagnosis? Was there an	
g.	23. If death was due to external causes (VIOLENCE) fill in also the followin	-
E (State or country)	Accident, suicide, or homicide?	, 19
Bul a Ct I	Where did injury occur? (Specify city or lown, county and Sta	te)
17. INFORMANT DOWN S (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Holy De Olesman Date 28 th, 1936	Nature of injury	
19. UNDERTAKER Tar and Crach & Son	24. Was disease or injury in any way related to occupation of deceased?	ry-
(Address) / 206 class and Ctu	If so, specify	
20, FILED 2/2 193 Affiliation	(Signed) WM4 + AUM	. M. D.
Registrar	(Address) Stackba To see That How	At. A.

If more blanks argheeded, addess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PORTUE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 3 1936	July 5,1927	Peritonitis	3 days ago
	PERU V. S.			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County_ Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.____ds. How long in U.S. if of foreign birth?__ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) wale (Month) (Day) (Year) Sa. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at Thus 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH and related couses of im or min. were as follows: Date of onset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation 12. BIRTHPLACE (city or town (State or country) FATHER I3. NAME See Name of operation. 14. BIRTHPLACE (city or town) (State or country) efully What test confirmed diagnosis?_____ Wes there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury________19. 16. BIRTHPLACE (city or town)_ DEATH (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE Nature of injury. 24. Was disease or injury in eny way related to occupation of deceased?.. (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	184 L
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(130)	
County Belto, Co 9	nd.	Registration Dist. No. 4	4
Village or City to hesoco	Oh.	NoSt.,_	Ward
Length of residence in city or town where death or		leath occurred in a horpital or institution, give its NAME instead of street ar ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Hemy O.	30- 10-		
(a) Residence: No. Cablaly	Der Man &	LSt. CO Ward.	
	(Usual place of abode)	If nonresident give eily or town a	and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White D	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH February 20 (Day)	, 193
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary	Becker	22. I HEREBY CERTIFY, That i attend Fel- 19 1936, to Februar	
DATE OF BIRTH (month, day, and year) Tel	23 20 1856	liast saw h in alive on February 20 193	death is sail
. AGE Years Months	Days if LESS than	to have occurred on the date stated above, at Z. A.m.	, death 13 3an
79 11	3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER	. 00	Frost Bute Fangerine	Data of onset
SAWYER, BOOKKEEPER, etc	reto layer	of lego.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	ele redural		
10. Date deceesed last worked et this occupation (month and year)	11. Total time (years) spent in this occupation L.O.		
12. BIRTHPLACE (city or town) Bally. (State or country)	Co. Mid	Other Contributory Causes of importance: Artersivsulawitie Genelia	7 ?
13. NAME Henry Bees	ber	Murradia Philire	<u> </u>
14. BIRTHPLACE (city or town)	u saw	Neme of operation.	
(State of Country)		What test confirmed diagnosis Turnia Was there a	n au'opsy
15. MAIDEN NAME Sophia +	Topen	23. If death was due to external causes (VIOL ENCE) fill in also the foliow	
15. MAIDEN NAME	Many	Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county and S	itale)
17. INFORMANT Musa Bucker (Address) Boldale av	er.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece A Dauls Com Dat	· Feb 22,1936	Manner of injury	
19. UNDERTAKER TICK Tosse (Address) 7 401 Refere	afin + In	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 2/21/, 1936 Apry 5	· Commelly	(Signed) Mayumqqudue	/М. С

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	it	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis PAD 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

M of i	County Daltumore	Registration Dist. No. 42
item sho	Village or City Inglish Council Est	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
D. Every SIGIANS	Length of rasidence in city or town whare death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
RD. TSH	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T.Y.	3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)	21. DATE OF DEATH (Month) (Dey) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If married, widowed of divorced HUSBAND of (or) WIFE of Mullia Riener Bigals	22' HEREBY CERTIFY. That I attended dacased from 19 7 to 19 7
BI BI E y	6. DATE OF BIRTH (month, day, and year) 24016. 1873	Hast saw man alive on 157 del 19 3/ death is sald
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the data statad ebove, atm.
FOR IS A I stated properlifica		The PRINCIPAL CAUSE OF DEATH and ralated cadses of Importanca ware as follows:
70	8. Trade, profassion, or perticular kind of work done, as SPINNER, Carputey SAWYER, BOOKKEEPER, etc.	Parlindina of 1935
ERV] K—T hould may back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	Homael.
RESERVED G INK—THIS AGE should be that it may be ons on back of	11. Total time (years) this occupation (month and 30 spent in this occupation)	
So So ctic	12. BIRTHPLACE (city or town) ANDAW / Allewski	Other Coutributory Causes of Importance:
V 17 14 7	3. NAME Chris Digalore	
Se Se	(State or country)	Name of operation Data of What test confirmed diagnosis? X May Was there an autopsy? To
W win in ant	15. MAIDEN NAME / Athlrice Ritz	23. If death was due to axtarnal causes (VIOLENCE) fill in elso the following:
can can poort	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?

16. BIRTHPLACE (city or town) (State or country.)

18. BURIAL, CREMATION, OR REMOVAL

I7. INFORMANT (Address

19. UNDERTAKER (Addrass) STATE OF MARYLAND—CERTIFICATE OF DEATH

RTIFY, That I attended dacaased from lated causes of Importance Date of onset --- Was there an autopsy? 23. If death was due to axtarnal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida? Where did Injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows.	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 900 1921	Run over by street car	1 week ago
Cercbral hemorrhage	Peritonitis	3 days ago
Other contributory causes of importance	Other contributory causes of importance:	
Gallstones May 1,19	23 Gastroenteritis	1 year

OING INK-	AI S	WRITE PLAINLY, WITH UNFADING INK-THIS IS
-----------	------	--

V. S. No. N. B. TION is very important. See instructions on back of certificate.

Country Countr	STATE OF MARYLAN	D—CERTIFICATE OF DEATH 1372
Village or City. Laegh of residence in city or twwn whyse death occurring the control of the co	1/ tall to and	39) × 1/2 =
Langth of residence in city or from whythe death occurred to the control to the c	County Carrant	Registration Dist. No.
Length of residence in city or your whyte death occurrent of the country of the c	Village or City / (Llay	
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residenc	Length of residence In city or town where death occupred	
(a) Residence: No.	2. FULL NAME / LENNY 1. 1Sem	100
PERSONAL AND STATISTICAL PARTICULARS J. SEX A COLOR OR JACE OR DIVENCES (carie the yord) Sa. If married, widered, or diverces (Month) (Wonth) Sa. If married, widered, or diverces (Wonth) or importance (Wonth) Sa. If married, widered, or diverces or importance (Wonth) Sa. If married, widered, or diverces or importance (Wonth) Sa. If married, widered, or diverces or importance (Wonth) Sa. If married, widered, or diverces or importance (Wonth) Was there an autopay? Specify whether injury occurred in involo	15.00 / 6 1	X
2. SET ALL 4. COOK OR RACE OR DIVISION CONTROL ON DIVISION CONTROL		
Male OR DYSTREES (which the world) 183 (Year) 183 183 183 183 183 183 183 18		MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ULESS than 10 abre occurred on the dete stated above, at when the determined of the d	Male Till OR DIVORCED (write the w	ord) Serrang. 19 1936
1 Strade, profession, or particular kind of work dome, as SPINNEE true. 1 Trade, profession, or particular kind of work dome, as SPINNEE true. 2 Strade, profession, or particular kind of work dome, as SPINNEE true. 3 Industry or business in which spent in this spen		12
7. AGE Vegrs Months Days ULESS than 1 day	6. DATE OF BIRTH (month, day, and year) Hel. 6 1870	l last saw h hu elive on Deay 1936; death is sale
Trade, profession, or particular kind of work dome as SPINNS thus — Jury	7. AGE Years Months Days LLESS	
Trade, profession, or particular files of the stand of work done as SPINNER that South SAWNIE, BOOKKEPPE, etc. 9. Industry or business in which was done as SPINNER that South SAWNIE, BOOKKEPPE, etc. 10. Date decessed lest worked at this occupation (month and year) 11. Totafilme (years) spent in this spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER 19. UND		the war as follows or DEATH and releted causes of importance
SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, es Silk Mill. SAW MILL, BARK, etc. 10. Date decessed lest worked at this occupation (month and year) State or country) Will a BARK, etc. 11. Total time (years) spent in this occupation Other Centributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Will a BARK (city or town) (State or country) What lest confirmed diegnosis? Was there an autopay? What lest confirmed diegnosis? Was there an autopay? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL PARTICLE OF COUNTRY Nature of injury Nature o	Trade, profession, or particular kind of work done as SPINNED Atrac	
SAW MILL, BANK, etc. 16. Date decessed leavesed the worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOYAL (Address) 18. BURIAL CREMATION, OR REMOYAL (Address) 19. UNDERTAKER (Address) (Signed) 19. Cisined or cocupation of deceased? M. D. D. FILED M.	SAWYER, BOOKKEEPER, etc.	Deskeles melletus 1041.
This occupation (month and year) spent in this 4 occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANA 18. BURIAL REMATION, OR REMOVAL 18. BURIAL REMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country) 17. NFORMANT 18. BURIAL EXEMPTION, PREMOYAL 18. BURIAL EXEMPTION, PREMOYAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. SLAULA State of country (State of country) 12. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL EXEMPTION, PREMOYAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. State of country in any way related to occupation of deceased? 10. M. D.	this occupation (month and /// // spent in this //	(4)
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country) 17. INFORMANT 18. BURIAL EXEMPTION, OR REMOYAL (Address) 18. BURIAL EXEMPTION, OR REMOYAL (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. (State or country) 22. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Specify 26. Was disease or injury in any way related to occupation of deceased? 26. Windless 27. Was disease or injury in any way related to occupation of deceased? 27. Was disease or injury in any way related to occupation of deceased? 28. Was disease or injury in any way related to occupation of deceased? 29. Was disease or injury in any way related to occupation of deceased? 20. FILED 21. (Signed) 22. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 27. Was disease or injury in any way related to occupation of deceased? 28. Was disease or injury in any way related to occupation of deceased? 29. Was disease or injury in any way related to occupation of deceased? 20. FileD	to purpus and the same of the	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. (State or country) 18. BURIAL Exemation, or removal 18. BURIAL Exemation, or removal (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 10. Dete of What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occu		Selson land brokense Bur mi
What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE city or town) (State or country) (State or country) Where did injury occur? (Specify city or town, county and State) 17. INFORMANT 18. BURIAL CREMATION, OR REMOYAL PAGE (Address) 19. UNDERTAKER (Address) OF (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) OF (Address) OF (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF (Address) OF (Address) OF (Signed) OF (Signed) Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurr	13. NAME Tresench Gense.	
What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE city or town) (State or country) (State or country) Where did injury occur? (Specify city or town, county and State) 17. INFORMANT 18. BURIAL CREMATION, OR REMOYAL PAGE (Address) 19. UNDERTAKER (Address) OF (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) OF (Address) OF (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF (Address) OF (Address) OF (Signed) OF (Signed) Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Specify whether injury occurr	E 14 RIPTUPI ACE (eity or town)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE city or town) (State or country) 17. INFORMANY 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (State or country) 21. Was disease or injury in any way related to occupation of deceased? 22. If deeth was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED (Signed) (Signed) 21. Was disease or injury in any way related to occupation of deceased? (Signed) M. D	(State or country),	
Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 18. Burlan Arker (Address) (Address) 25. FILED (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and state and county and state a	15. MAIDEN NAME / luknoun!	
Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 18. Burlan Arker (Address) (Address) 25. FILED (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and state and county and state a	16. BIRTHPLACE (city or town)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Stands S	E (State or country)	Where did injury occur?
18. BURIAL CREMATION, OR REMOVAL Date Such 2, 19 Menner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) Menner of injury Nature of injury Natur		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER DELLA STATES (Address) 100 ft. Land States (Signed) 15. Specify (Signed) 15. Specify M. D. D. D. Specify M. D. D. D. Specify M. D. D. D. Specify M. D.	18. BURIAL EREMATION, OR REMOVAL THE MEAN 2"	
(Address) 100 f & Ljack Solution If so, specify 20. FILED Mod 1, 1936 De Meller M. D (Signed) VE gan W. Beiter M. D	factor my all all partinguich.	Nature of injury.
20. FILED MO (Signed) M. D		if so, specify
	20. FILED MCL 1 1936 Gray Teef	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
of importance were as f	s and a displant of	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 3 1986	July 5,1927	Peritonitis	3 days ago
	\$14 EAU 7. 8			
Other contributory caus	es of importance:	- Tarres	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
WINE THE TAX				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 272
1. PLACE OF DEATH	(a)
County Bultimore	Registration Dist. No.
Village Dr City Rustustom md	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fredericka a. Benne	✓
(a) Residence: No. Berrymans force	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yest)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of John Genner	Del 23 7 1935 p. 10 Feb 18th 1926
6. DATE OF BIRTH (month, day, and year) Pul 29 1864	I last saw he aliva on 28 19 19 ; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2m.
/ Ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	nant Dil of Heart al 154
9. Industry or business in which work was done, as SILK MILL, Dranscarfe.	
10. Date doceased last worked at 11. Total time (years) spant in this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Beelle City (State or country)	Other Coutributory Causes of importance:
13. NAME Ferdinal Schalz 14. BIRTHPLACE (city or town) Home	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Drothea Arthur and 16. BIRTHPLACE (city or town) - Surmany	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did Injury occur?
17. INFORMANT Mys. Hurry Kenwar (Address) Kistista Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Folder Park Date Fel 21, 1936	Manner of injury
19. UNDERTAKER J. F. Clime & Sons (Address) Distustour Md.	24. Was disease or Injury In any way related to occupation of decaased? If so, specify
20. FILED 726.20, 1936 1870 Slos Registrar.	(Signed) And M. D. (Address) Restant by M. D.
76 11 1 11 11 11 11 11	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no secupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis MAR 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S. July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8 21,24

WRITE PLA

V. S. No.

certificate.

of

See instructions on back

important.

TION is CAUSÉ mation

OCCUPA-

DCCUPATION

FATHER

County Village or City Calmerelle	Registration Dist. No. Registration Dist. No. Ward death occurred in a happital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
(a) Residence: No. 2/0 h (Vini) place of a bode). PERSONAL AND STATISTICAL PARTICULARS	Ward Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CORDIVORCED (write the word) 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Cacallary 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	22. I HEREBY CERTIFY. Thet I ettended deceased from (Month) (Day) (Year) 22. I HEREBY CERTIFY. Thet I ettended deceased from 19 32, to 24 10 19 56 1 iast saw have alive on 24 10 19 56, death is said to have occurred on the date stated above, at 6 34 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
No. Trade profession, of particles. Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State er country) 13. NAME 14. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Neme of operation. Other Contributory Causes of importance: Date of
(State or country) LE 15. MAIDEN NAME LE 15. MAIDEN NAME LE 15. MAIDEN NAME	What test confirmed diagnosis? Clanded funds: Was there an autopsy? 22. 23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:

MOTHER 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION

19. UNDERTAKER (Address) 20. FILED lee

If so, specify (Signed) (Address)

Where did injury occur? ___.

Menner of injury

Nature of injury

24. Was disease or injury in any

Accident, sulcide, or homicide?_____ Date of injury_____

(Specify city or town, county and Stale)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blank are necded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interestitial application A8 3 1996	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 3 1350	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	154:)
County Baltimore	Registration Dist. No. 3
Village or vity white Itall Ind	NoSt., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long In U. S. If of foreign birth?mosds.
2. FULL NAME Owelle C. Blin	oudef
(a) Residence: No. Whate Italy ma	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Feb. 6 193 6
a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Cory Wife of Zee A	22. HEREBY CERTIFY, That I attended deceased from
mary . Dernously	May , 1931, to Feb. 6 , 1936
DATE OF BIRTH (month, day, end year) July 14 1460	I lest saw h_ 171 alive on
AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
7J-1 6 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Coronery Abrombous 2/4/30
work wes done, as SILK MILL, SAW MILL, BANK, etc	f
10. Date deceased last worked this occupation (mo thead) spent in this	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) While Wall	Chrome Impocarleles
(State or country) Balto Co. Inch	Glueralizet atterno sclesono
13. NAME Charles Educard Bennishy	V
(Stete or country)	Name of operation Date of
15. MAIDEN NAME Elizabeth Wans	Whet test confirmed diegnosis?
1 Letinote	23. If death was due to external causes (VIOL ENCE) fill In also the following:
(State or country)	Accident, suicide, or homicide?
WEAR.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address)	opolity white states and the booker, in thomas, or his obelo serves.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wisslamy Date Teb. 10,196	Nature of Injury
19. UNDERTAKER P. Markeline o Low	24. Was disease or injury in any way related to occupation of deceased?
(Address) white Itall had	If so, specify
20 FILED Let 6th 1936 muluer Borting mo	(Signed) . M. Trassee M. I
D	(Address) (//A A / A A A A A A A A A A A A A A A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	-----------	------------	----	-----------

-	-
- 1	
	4
rk	
\geq	
Z	
\Box	
7	
BINDING	
9	
FOR	
9	
14	
_	
A	
-	
M	
ERVED	

1. PLACE OF DEATH	108
County Dallo	Registration Dist. No.
Village or City Dundalk	No. St., Ward
Y'	s. How long in U.S. if of foreign birth?
2. FULL NAME Joseph H Brase	
1 N.1 11 11 20	O St. Ward.
(a) Residence: No. (Usual place of abode)	of nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While, married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clore Graun	22. HEREBY CERTIFY, That I attended deceased from
Marc 17 1887	I last saw h im alive on Tell 6 1936 de death is sal
5. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 3 2 m.
1,8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 8 Trade profession or particular	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Metal Worker SAWYER, BOOKKEEPER, etc.	Litar Pneumoma 1-30-
Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Long Soland My	
(State or country)	- Manc
13. NAME Jos Braun	
13. NAME for Braun 14. BIRTHPYAGE (city or town) (Sabor country)	Name of oparation Data of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Louise Hornika	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
T. INFORMANT Clorse Braun	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Gleman Hell + 50 Ch	
18. BURIAL, CREMATION, OR REMOVAL Place Wist Tulifly Date For 7 1936	Manner of injury
1 00 1	Nature of Injury
19. UNDERTAKER John William	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1,008 Vilams	If so, specify
20. FILED 7 6/3 619 / Mel armer	(Signed) M. M. M. M.
Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	OS Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AAR 4 930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

Gallstones | May 1,1923 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

								100
STAT	TE OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH	131

1. PLACE OF DEATH	(W)	
County Baltimore	Registration Dist. No. 43	
Village or City Rosedale	No. 6 Roseland Ave st., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME Adolph Breeback (a) Residence: No. 6 Roseland Ave. Rosed (Usus) place of abode)	ale St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	ED. 21. DATE OF DEATH	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Breeback	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and yaar) Feb. 17, 1884 7. AGE Years Months Deys If LESS to 1 1 14	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesed last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) Md	Other Contributory Causes of importance:	
13. NAME Rudolph H. Breeback 14. BIRTHPLACE (city or town) Balto. (State or country) Md.	Name of operation	
15. MAIDEN NAME Katherine Gottschalk 16. BIRTHPLACE (city or town) Balto. (State or country) Md. 17. INFORMANT Miss Rosalia Breeback	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Suicide. Date of injury. 2 1, 19.6 Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) 6 Roseland Ave. 18. Burial, CREMATION, OR REMOVAL Place Moreland Mem. Data Feb. 5. 11	36 Natura of injury Self sufficient	
19. UNDERTAKER Frequeil Landburgh of all (Address) 7401 Belair Road 20. FILED 2/1 1986 34 Interpretation	24. Was disaasa or injury in any way ralated to occupation of deceased? If so, specify (Signad) M. D M. D	
/ 'Regist	1601 81 10	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

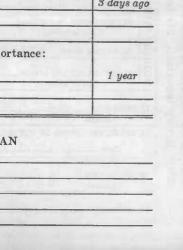
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYDDITYOUTH	DI ZI UJU	TOTE	T. C. LE T. LITTLE	DIVITIONITION	10 1	TITIOTOTAL



	HEALTH DEPARTMENT	T-CITY OF BALTIMORE 1377
of of of	CERTIFICAT	E OF DEATH
iten sh men	1 PLACE OF DEATH	Registered No. 1614
Every item	CITY OF BALTIMORE: (No. 128 North Po	St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
D. E IYSIC Exact	Length of residence in city or town where death occurred byrs	mosds. How long in U. S. If of foreign birth?yrsmosds.
PH	2. FULL NAME	specify WAR.
REC.Y.	(a) Residence: No. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
E E C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N.E.	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year 32 , 1931
RMA ted I ropes cert	manna manna	21 HEREBY CERTIFY, That attended deceased from
Stat e pr	5a. If married, widowed, willvorced HUSBAND of Control Wife of	Tiast saw h dive on 73 4 3 Death is said
A pe	G. DATE OF BIRTH (month, day, year) June 1st / 861	to have occurred on the date stated above, at
IS mo	7. AGE Years Months O Days If LESS than	The principal cause of death and related causes of importance were as follows:
HIS sh at i	74 8 2 I day,hrs. ormin.	Clause transfells
AGE o th	Rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	I hugarians 176
INF d. ns, s inst	Industry or business in which work was done, as silk mili,	acute myocoadities Downton's two washone wish
NG pplie tern See	saw mill, bank, etc. 11. Total time (years) this occupation (month and spent in this	Other optributory causes of importance:
ADI sur ain it.	year) occupation	
ully n pl	12. BIRTHPLACE (city or town) (State or country)	Was an operation performed?
H I i i i mpo	13. NAME Gerhart Brenner	For what disease or injury?
WIT Se C EAT	13. NAME Senart Orenner 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?Was there nn autopsy?
D av s	15. MAIDEN NAME Wilhelming Brenner	23. If death was due to external causes (violence) fill in niso the foilowing: Accident, suicide, or homicide?
IN ON	IIII	Where did injury occur?
TISSE TO SE	16. BIRTHPLACE (city or town).	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
TE mat	I7. INFORMANT (Address)	piace
WRIT informatate OCCI	18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
7 8.0	Place Mt Carnel by Date delle 1936	Nature of injury
z o	19. UNDERTAKER LES S. LOSOFE	If so species Edward Cook
To	20. FILED 2/ 5 / 1936 John G. Connelly	(Signed) M. D.
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:	Example I		Example II	
causes of importance we	of death and related		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nep	heritic		Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1936 BUKEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
			*****	-

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH	1378
DEATH		(210-m)	×	34

1. PLACE OF DEATH	210-m
County Walla	Registration Dist. No.
Village or City Kristinstown Md	No. St., Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U. S. if of foreign blrth?yrsmosds.
2. FULL NAME & and / Broadfoo	1 5.
(a) Residence: No. Co kning Hill Red	/St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACK 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Marie Single	(Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That attended decessed from
(or) wire or	Jet. 29 36, 10 July 29 136
6. DATE OF BIRTH (month, dey, end yeer) Opil 15/9/0	I lest saw h/M elive on 144 28 , 1931 deeth is seid
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated ebove, et/_Am.
25 10 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:
8 Trede, profession, or particular 17	Data of enset
kind of work done, as SPINNER, Jottler w SAWYER, BOOKKEEPER, etc. 9.3ndustry or business in which	The orcadent -
work was done, as SILK MILL, was add from-	1 1 10
SAW MILL, BANK, etc.	Cracured shull
11. Totel tind (yeers) this occupation (month and yeer)	//
B. H. lita	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E 13. NAME David F. Broudhoot	
H I DISTILLATION OF THE MORE CO	
14. BIRTHPLACE (city or town) Prince Honge Co (State or country)	Neme of operation
	What test confirmed diagnosis? Wes there an eutopsy?
12.14.0%	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) was to the (Stete or country)	Accident, evicide, or homicide? Dete of injury 2/2.7/, 19
+ 15 Q-11 H-la	Where did injury occur? (Specify city or town, county and State)
(Address) Pustustino and-	Specify whother injury acturred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL CREMATION, DB REMOVAL	Menner of injury Chat accordent in Machinical
Plece Drand Plidge Dete Mar. 3 1936	Neture of injury Is rashined shall
1 F8 Grace Sons	
19. UNDERTAKER (Address) Dea transforms M. C.	24. Wes disease or injury in any wey related to occupation of deceased?
7 10 2	(Signed) L & dward My-Cr2 & P. M. D.
20. FILED Nove 1936 Registrar.	(Address) alistantam act 6 money

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, rame other important diseases or injuries. Examples.

Example I	and the second	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilopsy		
Chronic interstitial nephritis	1915	Run over by street car	1 week ago	
11/5 6 1095			1 week ago	
Cerebral hemorrhage MAR 5 1936	July 5,1927	Peritonitis	3 days ago	
SURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. 1

1380 HEALTH DEPARTMENT—CITY OF BALTIMORE

1	CERTIFICAT	E OF DEATH (3)
ľ	1. PLACE OF DEATH Anneslic	Registered No. 20
	CHTY OF BALTIMORE: (No. 5/0 Mysoloca	(If death occurred in a hospital or institution
		give its NAME Instead
I	Length of residence in city or town where death occurred Oyrs	mosds. How long in U. S. If of foreign birth yrsmosds
	2. FULL NAME Gacil. E. 10 ugle	ey Not U. U. War If U. V. Verting are
	(2 1246 Rideside	All St.,Ward.
	(a) Residence: No. / A 7	(If non-resident give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 11/14 , 1936
	male White Widoweld	22. I HERETY CERTIFY, That I attended deceased from
	5a. If married, wildowed, or divorced	flu 1200 1036 pfreb 14 1034
	HUSBAND of Carpline, R. Runge.	Clast saw bear alive on Death is said
	G. DATE OF BIRTH (month, dny, year) Pic 28, 1861	to have occurred on the date stated above, nt
	7. AGE Years Months 16 Days If LESS than	The principal cause of death and related causes of importance were as follows:
2	74 × 1 day,hrs. ormin.	fold : July 1
LA	8. Trade, profession, or particular	Chrame Meliner
77	kind of work done, as spinner, sawyer, bookkeeper, etc.	
2	9. Industry or business in which work was done, as silk mill,	
1	saw mill, bank, etc	Other contributory causes of importance?
2	this occupation (month and spent in this occupation.	Compression of the states
	12. BIRTHPLACE (city or town) Albertale	
27 76	(State or country)	Was an operation performed? Date of
1	13. NAME John. 13 uskely	Name of operation
7	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
A CI	(State ov/country)	23. If death was due to external causes (violence) fill in also the fol
2	is. MAIDEN NAME Unkoup	lowlng: Accident, suicide, or homicide?Date of injury, 19
177	5 16. BIRTHPLACE (city or town) Answer	Where did injury occur?
1	(State or country)	(Specify city or town, county, and State) Specify whether lajury occurred in industry, in home, or in public
7	17 INFORMANT Millip . E. Buckley	place
5	(Address) 510 muolock leaf	Manner of injury
5	18. BURIAL, CREMATION, OR REMOVAL Place 18 Date 18 136	Nature of injury
	0 100/1	24. Was dicease of injury in any way related to occupation of decensed
	19. UNDERTAKER Bunasal Laufe	Scheurich Scheurich
6	(Address) / L (E / LSA S & S)	(Signed) Jahr a. Schewich, M. D.
	20. FILED 19. 19.00 - 4 - 11 - Registrar.	(Adress) 1337 S. Charles A.

Registrar.

(Address)...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1915 Arteriosclerosis Attack of epilepsy 1 week ago 1 week ago 1921 Chronic interstitial nephritis Run over by street car July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

no

instructions

important.

mation LION

V. S. No. 1

1	-	-	1	
	N	A)
	1	41	1	7
	-	-		

OCCUPA

pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or fown where deeth occurred How long in U.S. if of foreign birth?_______grs._____mos._____ds. 2. FULL NAME (a) Residence: No: (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5e. If merried, widowed, or divorced HUSBAND of CERTIFY That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months **Oavs** If LESS then to have occurred on the date stated above, at 1 20 A m. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end selated causes of Importance or min. Date of onset 8. Trade, profession, or perticuler OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc ... Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et II. Total time (yeers) this occupation (month end spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town Name of operation____ (Stete or country) Whet test confirmed diegnosis? (Assucaf Wes there en au'opsy HER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in else the following: MOT Accident, suicide, or homicide?______ Dete of injury______ 19. 16, BIRTHPLACE (city or town) (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed): Registrar.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH			591	14		20
CountyBa	ltimore			Registration	Dist. Np.	00
Village or City To	wson, Maryla		No. Sheppard death occurred in a hospital of	and Enoch Properties its NAM		
Length of residence In city or tow	n where deeth occurred	yrs,mos	ds. How long in t	J.S. if of foreign birth?	yrs	.mosds.
		s Road, Bal	If U.S. Vete timore, Ward.	000	1	
DEDCOMMI AND CO.			land		t give city or town a	
PERSONAL AND STA			21. DATE OF DEA	AL CERTIFICATI	E OF DEATH	
Male Whi	te XXXXXX	KREED, WIDOWED. KWK write the word) LOWET		ebruary (Month)	22, (Day)	, 193 6 (Year)
5a. If married, widowed or divorced HUSBAND of Rachiel (or) WIFE of February 5, 1858	Harriman Bro	oks	May 30, 1931	EBY CERTIF	eb. 22.	ed deceased from
6. DATE OF BIRTH (month, day, and year	nr)		I lest sew him elive			; death is sold
	O Deys	If LESS than 1 dey,hrs. ormin.	were as follows:	F DEATH and related cause	ses of importanco	Date of onset
Trade, profession, or perticular kind of work done, as SPIN	NED Dan To-4	0.10	1. Cerebral		osis with	
SAWIER, DUDANEETER, etc.	In cotton	milling		thrombosis		1925
9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	L, business 8	3 years	2. Generaliz		lerosis	1925
O Dete deceased lest worke at this occupation (month and year) WOLKED TOX	Has 11 Tots	l time (years) 2 yr pent in this coupation in				1911
	laware Co.,	Penna.		with cerebra	.1	
	vin Carey		arterioscl	erosis.	~~~	1925
14. BIRTHPLACE (city or town)	Baltimore,	Md.	Neme of operation		J Wes there a	
15. MAIDEN NAME Marth	a Gray Leipe	er	23. If death was due to exte			
15. MAIDEN NAME Marth 16. BIRTHPLACE (city or town) (State or country)	Pennsylvania	3.		olde?	Date of Injury	, 19
17. INFORMANT Hospit (Address)	al Records		Specify whether Injury occ	urred in INDUSTRY, in H	r town, county and S OME, or In PUBLIC	PLACE.
18. BURIAL, ORTMATION, OR REMOVAL Place Duis (Lud	ge Date	124 ,136	Manner of Injury Nature of Injury			***********
19. UNDERTAKER Stewart	moure	-60	24. Was disease or Injury I	n any way related to occup	pation of decepts d?	7-1, h.
20. FILED 191, 196	Sell horse	Registrar.	(Signed) (Address)	rthur E. Pat	trelf, M.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not appinfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

. 1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
زا		- W _	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	Transfer in the contract of th		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonilis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
The state of the s	OF TROLE	A OLE	- CICLILLIA	OTITION	47 1	A ALA OLOMIAN

V. S. No. 1

1. PLACE OF DEATH		CERTIFICATE OF DEATH	1383
County Balling	are	Begistration Dist. N	10. 30
Village or City Saing Sz	one Hospital	No. Cataus relle. ned.	St., Ward
Length of residence in city or town where	daath occurred / yrs / mos	death occurred in a hospital or institution, give its NAME instead. 1. J. ds. How long In U.S. if of foreign birth?	of street and number)
2. FULL NAME Millia	66. 4:		13 11103 103
na	in wisce	If U. S. Veteran, specify WAR	
(a) Residence: No. Staa	(Usual place of abode)	St., Ward. If nonresident give city	y or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH	
male male	medawel	(Month)	(Year)
5a. If marriad, widowad, or divorcad HUSBAND of	10 11	200	
(or) WIFE of Isakel	le Talloway	22. I HEREBY CERTIFY, The	at I attended daceased from
6. DATE OF BIRTH (month, day, end year)	nee 18652	l lest saw harmalive on Feb.	19 36 daath is sain
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Month 2 8 1 Trade profession or particular	Oays If LESS than	to have occurred on the date stated above, at 3140.4.m	
20 28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of im	
or frade, protession, or particular	1 11	Chrone myscarditis	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	***************************************		1700
9. Industry or businass in which work was done, as SILK MILL, FANK, atc.	Parinte Garbuck		
04	11. Total time (yaars)	-	
this occupation (month and	spant in this occupation		
12. BIRTHPLACE (city or town) (State or country) 13. NAME Jahr Cluri	0 1	Other Contributory Canses of importanca:	1091
12. BIRTHPLACE (city or town) (State or country)	all	Beaute V- Victoria	1924
13. NAME John Cliri	The		
14. BIRTHPLACE (city or town) (State or country)	0 1	Name of oparation Mone	Date of
	elaux	What test confirmed diagnosis Type flows & Sugar	Was there an autopsy? 20
15. MAIOEN NAME Mukerou	on!	23. If daath was due to axternal causas (VIOL ENCE) fill in also	
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of	
State or country)	elaux	Where did injury occur?	10.
	ristic (Don)	(Specify city or town, c Spacify whether injury occurred in INDUSTRY, in HOME, or	In PUBLIC PLACE,
(Address) Transfer (Address) Tra	t mix		
Par 1811 0 00	on Franka	Manner of injury	
19. UNOERTAKER Usillian	Oate	Natura of injury	
19. UNOERTAKER / William	2 (10/1	24. Was disease or injury In any way related to occupation of	decaased? 200
(Address) / 0/9 & 1	aul St	If so, spacify	404
20. FILEO	Hofughua	(Signad) State of Park	6 Retained
1 6 36	Registrar.	(Address)	C' LALBRUNE VILL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	211
1. PLACE OF DEATH		(11-6)	5
County Ballinine		Registration Dist. No.	
Village or City		No. I and the feeth occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME marthy	me Cobours	×	
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
female white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LUMBER 25 (Month) 25	, 193. 6 (Yaar)
HUSBAND of Cornels along the Cornels of Corn	m Cobourn	22. J. I HEREBY CERTIFY. That I attended	/
DATE OF BIRTH (month, day, and yaar)	1-23-1847	I last saw has aliva on February 23-, 1936	; daath Is said
. AGE. Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 . 2 . 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	one.	Deletation of heart	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at			
TO. Date daceasad last worked at this occupation (month and year)	11. Total time (years) spent In this occupation		
2. BIRTHPLACE (city or town) (Stata or country)	my &,	Othar Contributory Canees of Importance:	2-15-3
13. NAME James Owens			
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	may &.	Name of operation Data of What tast confirmed diagnosis? P.S. Symples Was that a an	
15. MAIDEN NAME Namey and	Wholey.	23. If daath was dua to extarnal causes (VIOL ENCE) fill in also tha following	
16. BIRTHPLACE (city or town) (Stata or country)	meny Co.	Accident, suicida, or homicide? Date of injury Whera did injury occur?	, 19
(Address) Temper Carpola	ampolis Blod.	(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ie) ACE.
BURIAL CREMATION OR REMOVAL COLOR OF THE PLACE OF THE PL	Tel 27 1936	Manner of injury	
UNDERTAKER W Cools (Address) /217 J	t. Paul of	24. Was disease or Injury In any way related to occupation of dacaasad? If so, specify (Signad)	
O. FILED FOLLOW, 1936	Registrar.	(Address) 253 L Education Can. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Saltum	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 'S A 4 Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH Countly Maddings or City Colorador Madings or City Colorador Maddings or City Colorador Maddings or City Colorador Madings or	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Catasas VIII. Langth of residence in city or town where death occurred		(100 V
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. S. How long in U.S. If of foreign birth? J. Saw Name Color of RACE PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR WORKED (WIDOWED). A. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR WORKED (WIDOWED). A. Town of the color of the colo	County Ballmure	Registration Dist. No. 20
Langth of residence in city or town where death occurred. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKER D. OR DIVORCED (write the off) 4. COLOR OR RACE S. SINGLE, MARKER D. OR DIVORCED (write the off) 22. I HEREBY CERTIFY, That I attended decased from the said thus have occurred not deate stated above, at. 3 to the said to the vaccurred not deate stated above, at. 3 to the vacc		No
(a) Residence: No. A SUMPLIACE (City or town and State PERSONAL AND STATISTICAL PARTICULARS 5. SEX 4. COLOR OR RACE S. SINCE, MARRIED, WIDOWED, OR DAVORCED (with the state) 1. DATE OF DEATH 2. DATE OF DEATH 1. DATE OF DEA		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCIE, MARRIED, WIDOWED, OR, DIVORCED (wire the wid) 6. DATE OF DEATH 4. COLOR OR RACE 5. SINCIE, MARRIED, WIDOWED, OR, DIVORCED (wire the wid) 6. DATE OF DEATH 6. DATE OF D	2. FULL NAME Jenne Cole	20 17
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (with the wild) 5. If married, widowed, or divorced HUSSAND of COLO 6. DATE OF DIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular single of second of the state of show, at 3 the said of second of the state of show, and second second of the state of show, at 3 the said of second of the state of show, at 3 the said of second second of the state of show, at 3 the said of second second of the state of show, and seed of second second of the state of show, at 3 the said of show, and the said stated show, at 3 the said of show, and at 3 the said of show, at 3 the sa		actornovelle, Med
3. SEX 4. COLOR OR RACE CORD ON RACE CORD DYORCED (write the wife) 50. If married, witewed, or divorced (cor) wife to wife of cord of the		
59. If married, widowed, or divorced HUSSAND of (Or) WHE of John Cold Cold (Or) WHE of John Cold (Or) Whe of J	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the world)	21. DATE OF DEATH feel // 193 6
T. AGE Years Months HS Idsy. Int. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: No. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of particular were as follows: Date of months and particular were as follows: Da	HUSBAND of	
S. Frade, profession, or particular SANYER, BOCKEPER, etc.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Other Centributery Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OF REMORE Place 18. BURIAL, CREMATION, OF REMORE (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) Other Centributery Causes of Importance: Other Centributery Causes of Importance in Industry Instituter Other Centributery Causes of Importance in Industry Instituter Other Centributer Oth	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Lobar pnemong Feb. 2
What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Cole Calourulle For (Address) 4 Chaples One) Calourulle For (Address) 6 Chaples One) Calourulle For (Address) 6 Chaples One) Calourulle For (Address) 7 Chaples One	12. BIRTHPLACE (city or town)	Other Centributery Causes of importance:
What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Cole Calourulle For (Address) 4 Chaples One) Calourulle For (Address) 6 Chaples One) Calourulle For (Address) 6 Chaples One) Calourulle For (Address) 7 Chaples One	13. NAME WS Swith	
15. MAIDEN NAME Carach Cofficients and Coffici	14. BIRTHPLACE (city or town) maryland.	
18. BURIAL, CREMATION OF REMORE Place Cookswille, We Date Feb. 14, 1936 Nature of injury 19. UNDERTAKER A loss with the second of deceased? (Address) 20. FILED 1, 1937 Registrar. (Address)	and Color	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
20. FILED 1936 Registrar. (Address) (1) 2 Mindle Change of the Company of the Com		
20. FILED (Address) (1) 2 All Charles and in		If so, specify
	Registrar.	(Address) (1)] Martin Class will in

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(194Z)			
County Baltimore	Registration Dist. No. 32			
Village or City Pikesville	No. St., Ward			
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME William Cradden				
(a) Residence: No. Mt. Wilson Lane (Usualplace of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH Feb. 24 (Month) (Day) (Year)			
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of Mary E. Crudden	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Sept. 28, 1849	Feb. 11 ,19 36 , to Feb. 24 ,19 36 ; last saw h.im alive on Feb. 23 ,19 36 ; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: 30 A m.			
87 4 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
Frade, profession, or particular kind of work done, as SPINNER, Tinner	There was no occident or inpury			
SAWTER, BUUNKEEPER, etc.	Gangrene of foot and leg; following 2/18/36			
y industry or business in which work was done, as SILK MILL. Pennsylvania R. R. SAW MILL, BANK, etc	inflected tol-mails The inflection took place			
10. Data deceased last worked at this occupation (month) 10028 spent in this occupation 50	One toe became infected and gongrenous spreading			
	Other Contributory Causes of importance: up ento his foot and leg. lufter			
12. BIRTHPLACE (city or town) (State or country) Ireland	-			
13. NAME James Crudden	Infected foot; from infected tol, after 2/7/36			
14. BIRTHPLACE (city or town)	Name of operation cutting the toe-noil. Date of			
(State or country) Ireland	What test confirmed diagnosis? Clinical Was there an autopsy? No			
15. MAIDEN NAME Margaret Wilson	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE (city or town) (State or country) Ireland	Accident, suicide, or homicide?			
17. INFORMANW. Elmer Cridden (Address) Pikesville, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date Feb. 26 19 36	Manner of injury			
	Nature of injury			
19 UNDERTAKER William J. Tickner & Sons (Address) Penna. & North Ave.	24. Was disease or injury in any way related to occupation of decaased?_NO			
71	If so, specify (Signed) CE Nichols; M.D.			
20. FILED th 24/, 1936 & & Michaels. Registrar.	(Signed) M. D. (Address) Policy of Le wid.			
Acgistrat.	(1001000)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laberer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and whole ale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or completion which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease of injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		1001
County Dufterno	e	Registration Dist. No. 44
Village or City Essey	*************	No. St., Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Haria S	0. 1.41 11	
2. FULL NAME Stotia	resolven nee	eline x
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTICA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	Feb 25 193 6
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended deceased from
0.1	16, 1935	Jew 24 ,1936 to Fev 23 ,1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months		I last saw here alive on Jew. 23 , 19.8 6; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1110 Am.
1 4	9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,		Crebral applexy, due to 7d 231
SAWYER, BOOKKEEPER, atc		- some congenital volstehar deffinity. Out of
9. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc		W Town
1D. Date deceased last worked at	11. Total time (years)	Child, apparently healthy, was suddenly taken
this occupation (month and yaar)	spent in this	with general comulsions, dying within therety.
62-4		Other Contributory Causes of importance: four hours
12. BIRTHPLACE (city or town) (State or country)		
01		no history of any accident & no signages possis
13. NAME Slorge de	ane,	- Tolity of foul plays
14. BIRTHPLACE (city or town). Bull	to City	Nama of operation
(State of country)	1. 1/1	What test confirmed diagnosis? Clanual Was there an autopsy? Ho
16. BIRTHPLACE (city or town) Ball	ischer	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ball	City med	Accident, suicide, or homicida? Oate of injury, 19
State or country)	V	Whera did injury occur?
17. INFORMANT Marie Fis	cher.	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Essey	1 md.	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	-11	Manner of injury
Place Morelando Da	ta 2/27/,1936	Nature of injury.
19. UNDERTAKER John S. Os (Address)	mully and	24. Was diseasa or injury in any way related to occupation of deceased? 200
20. FILED 2/27/ , 1936 Stry	B. Cormelly Registrar.	(Signed) MSumggulney M. O. (Address) Rosellice Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis MAD A 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIBFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

RESERVED

may bluods that carefully DEATH pe

infor Jo PHYSICIANS Jo back OCCUPA on FATHER MOTHER important. Should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town How long In U.S. if of foreign birth? If U. S. Veteran, specify WAR, If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) midawel (Day) 5a. If merried, widowad, ar-divorced HUSBAND of RTIFY. That I attended deceased from dottie V. Hutson (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to heve occurred on the dete steted ebove, at S: 30 D. m The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 or____min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc..____ 11. Total tima (years) 10. Date deceased last worked at this occupation (month end yaar) spent in this occupation 50 (Stata or country) 14. BIRTAPLACE (city or town) (Stata or country) 15. MAIDEN NAME causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, OR BEMOVA Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Addrass) If so, specify Registrar. If more blank drameded and serves Stepe Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
32			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
B			
1.0			15.

WRITE PENINLY, WITH UNFADING INK--THIS IS A PERMANEN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Pattimore	CERTIFICATE OF DEATH
0 / 1/2 /2 /2	Registration Dist. No. 4
Village or City Jundal (No. 7038 B)	elclare Rd Ste Ward) (If death occurred
The state of the s	ward) a hospital or institution, give its NAME is stead of street as
2FULL NAME GLORGE T	loney steed of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH HELD 5 ML 12/
Male Marite (Write the word)	J. 1933.
DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased fro
F)10/ 147 86	4 November 1934. to 7eb, 5th, 1923
(Month) (Day) (Year	that I last saw h imalive on feb 5th, 1936
AGE If LESS th	nan and that death occurred on the date stated above, at 11 Page 1
4/ 2 // ldayh	
yrsmosds. ormi	n? Condio-Vascular-Kenul
(a) Trade, profession or	discool
particular kind of work (b) General nature of industry (c) General nature of industry	
business, or establishment in	(Durstion)
which employed or (employer)	Contributory Gongrene Carterioseleration
(State or country)	Secondary (Duration) / yrs 3 mos
10 NAME OF	
FATHER Long	0 0 21
OF FATHER	
	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Alma Reserve	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	
OF MOTHER Vistote or Country)	of deathyrsds. Stateyrsmes
	Where was disease contracted, if not at place of death?
m 1 . D . 1	Formar or
(Informant) // Lames Donly	
(infolitiant)	19 PLACE OF BUBIAL OF REMOVAL PATE OF BURIAL
(Address) 4207 Starcourt Rd	
(Address) 4207 Stancoust Rd	
GIADA Manant Bd	19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Instituents or Recent Residents) At place of death yrs

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Former (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Loborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, the first line will be sufficient, e. g., Former or Plonler, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many Salesman, (b) Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, approved by tetanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suncide. The nature of the injury, achident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railwoy traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonoeum, etc., Corcinoma, Sorcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature Chronic etc. valvular heart disease, The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

4

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

instead of street and number)

. That I attended daceasad from

ate of injury _____ 19.

own, county and State) E, or in PUBLIC PLACE

1936 ; death is said

OF DEATH

PHYSICIANS FOR BINDING MARGIN RESERVED

TION is yery important

of OCCUPA-

County Baltimore	M 0.10		Registration Dist. Np. 3
Village or City Mt. Wils	son	(16	No. Tuberculosis Sana foriums death occurred in a hospital or institution, give its NAME instead of street
Length of residence in city or town whe	re death occurred		. 23 ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Miss	Hary Drol	tz	03×-
(a) Residence: No. Bower	s Station (Usualplace		St., Ward. Fort Howard, Md. If nonresident give city or lov
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA
3. SEX 4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 10th (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Single		22. I HEREBY CERTIFY, That I at
C DATE OF BIRTH (month days of many	Sept. 2nd	1907	January 18th, 19 33 to February 18 18st sawher alive on February 10 19
7. AGE Years Months 28	Days 8	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 7.45 Å m. The PRINCIPAL CAUSE OF DEATH and related causes of importanc were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Housewor At home. 11. Total ti spen occu		Pulmonary tuberculosis
12. BIRTHPLACE (city or town) Thomas (State or country) West	as Virgínia		Dither Coutributory Causes of importance:
E 13. NAME Joseph Dro.			None
14. BIRTHPLACE (city or town). Un	known rmany		Nama of operation NO Operation Date What test confirmed diagnosis? X-ray, and Was the
* (Stata or country) YUS	Kaiser ensky oslavia chuerhor son. Md.	ly-	25. If the strict was the to external causes (VIOLENCE) fill in else the formation of the strict of
18. BURIAL, CREMATION, OR REMOVAL Place Loudan Cark	Date Fel	12,193.6	Manner of injury
19. UNDERTAKER Williamy (Address)	Look more	0	24. Was disease or injury in any way related to occupation of decease if so, specify (Signed)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones		Other contributory causes of importance:	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1000	July 5,1927	Peritonitis	3 days ago
	RUREAU V S.	12		
Other contributory causes of importance:		47	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Their of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-Sehould state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact again of OCCUPATION is very important. See instructions on back of certificate. A PER BINDING IS WITH UNFADING INK---THIS FOR MARGIN RESERVED WRITE S. No. 1. N C

03

PLACE OF DEATH	STATE OF MARTEAND
Rett	CERTIFICATE OF DEATH
County Dallins	Registration Dist. No. 31
$\mathfrak{SO}(1)$	Negistration Disc 110.
Village or City Tasketon (No. Musical Contraction of Contraction o	Ward) (If death occurred in a hospital or institu- sion, give its NAME in- read of street and humber.)
2 FULL NAME AUMAN	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Markied Widowerd OE Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
4) premaken 1/ ×61	
(Month) (Day) (Year)	that I last saw h, alive on
7 AGE III LESS than	and that death occurred on the date stated above, at
7 //) 0 0 dayhrs.	The CAUSE OF DEATH & was as follows:
/yrsmos%/ds.lormin.?	Beart-fasters
(a) Trade, profession or Frank	Primary/ Couse: Coronary thrombosis/s cwell-
particular kind of work. J. J. M. Mann	Duration: not stated.
(b) General nature of industry	(Duration)yrsmosde,
business, or establishment in which employed or (employer)	
9 BIRTHPLACE	Centributory Secondary
(State or country) Maryland	(Duration)yrsmosda
10 NAME OF PATHICE	(Signed) J. Matter Alle Congm. D.
samuel caron	Th. 19. 1986 (Address) Cachey will
BIRTHPLACE OF FATHER (State or country) Wanhand	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MADE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a wary an	ients, or Recont Residents)
13 BIRTHPLACE OF MOTHER (State or country) Manufany	At place of death yrs. mos. da. State, yrs. mos. de.
H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Samuel a. Eaton	Former or usual residence
100001 601 D At	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
(Address) 3 to 8 NORWICK NA Dallo	Stablersville, Md. Feb. 21, 1836
File Feb 1900 186 Mulner Continue	E. Levoy Stiffle And 1258 North an
to you blanks are maded address State Pagistran	18 W Sardiage St Bolth Requesting V. S No. 1

STATE OF MARYLAND

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

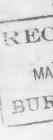
(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Isborer," "Foreman," "Mauager," "Dealadditional line is provided for the latter statement; it 1 ture of the business or industry, and therefore an rrry to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many laborer, Farm laborer. Laborer-Coal minc, etc. er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) gaged in domestic service for wages, as Scruant, Cook, to report specifically the occ pations of persons enployed as At school or At home. Cure should be taken definite salary), may be entered as Housewife, House household only (not haid Househeepers who receive a en at home, who are (a) Foreman. (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed whatever, write None. tared 6 yrs.). lusiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 1 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation engaged in the duties of the Wom-

KASE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Lodar pneumonia, Bronchopneumonia ("Pneumonia. Statement of Cause of Death-Name, first, the DIS. pneumonia");

> conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberoulosis of lungs, menvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," Chronic interstitial nephritis, etc. The contributory "Puerperal septicuemia," "Puerperal peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," ca using (secondary or intercurrent) affection need Whooping cough; Chronic valvular and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ment queness (c. g., sepsie tet mus) may be stated under the head of contributory? (Recommendations on stateture of the injury. Potoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause Nome of Jonuse of death -accident: Revolver wound of head-homicide. death), 29 ds.; Bronchopneumonia For violent deaths state means of injury Blure for which surgical operation was under he Ame fracture of skull, and conse-Example: Measles (disease rican Medical Association.) approved by Committee on heart disease; (merely (second-"Con-

If th s certificate ed in the airest data 150 is esse ill prevent further correspondfiled. over thoroughly and all quesl and must be obtained before





IS A PERMANENT RECORD. Every item of infor-FOR BINDING ED CHIS

stated EXACTLY PHYSICIANS should state

of OCCUPA-

Exact statement

OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

very important.

certificate.

A A	HIS	pe
SERVI	NK-T	plnods
N RES	ING I	AGE
MARGIN RESERVED	WRITE PLAINLY, WITH UNFADING INK-THIS	mation should be carefully supplied. AGE should be
	WITH	refully
•	INLY,	be ca
	PLA	plnoy
ı	WRITE.	ration s

V. S. No.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	947
County Bullinesse	Registration Dist. No. 30
Village or City Caterianille	No. 1/ Deut tore Ose St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
length of residence in city or town where death occurred. 7. Gure mas	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Polegan Min Fi	os.
	willed.
(a) Residence: No. 1/ Bulloca (Common (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Thurse Steele Spickereel	(Month) (Day) (Year)
5a. If married, widowed, or divorced HDSBAND-of- (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
(01) MITE OF HEREUSER Currich	February 8 1936, 10 February 12 1936
6. DATE OF BIRTH (month, day, and year) Opril 6-1854	Hast saw h & 2 alive on February 12, 1936; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
0/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	2/42/7
4 9. Industry or business in which	736
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spent in this	
year) occupation	Other Caatributory Causes of Importance;
12. BIRTHPLACE (city or town)	D 1 0 2/9/3/
(State or country) (State or country) (State or country)	Tomula . Villemonea 7
Ξ 4	- www
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME	What test confirmed diegnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME / MANGALET Falren hot	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANTLUSS. L.E. Ashless	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) // Acillera Road	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A Delever Land Date 2 14 3 60 06	Nature of injury
19. UNDERTAKEN T. B. Meppeet & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1300 portaes of los eq	If so, specify were more 7m -
20. FILED RIJE 19 19 STEP COLUMN 19	(Signed) M. D. (Address) 20 East Preston, St
Alaskuit Registrar.	(Audress) acc segui (/ certo) ()

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second state of the se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
Dr. W. Stort.	2	O E. Bresten St	

See instructions on back of certificate.

TION is very important.

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	——————————————————————————————————————
County Balto.	Registration Dist. Np. 44
P	011 0.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred / yyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Claude Co. Funle	If U.S. Veteran specify WAR
(a) Residence: No. Hoplan Rod ne Roman	le le le Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tel. 28
massed massed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Comman S. Frank	22. INFREBY CERTIFY, That I attended deceased from
	July , 1935 to Det. 24, 1936
6. DATE OF BIRTH (month, day, and year) april 19 - 1873	I last saw hele alive on fet. 28, 1936; death is said
7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
67 10 9 1 day,mrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	1931-
	Mrome Mysearallis
9. Industry or business in which work was done, as SILK MILL, Police Sat MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Jock Co.	Differ Conditionary Casses of Importance.
(State or country)	
13. NAME William Funk	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Chine the way as there an autopsy!
15. MAIOEN NAME Rea Cetters	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
- (State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mis anna Junto	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Soften Rd. Comp. 18. BURIAL CREMATION OR REMOVAL	Manage of Indiana
Place Och Laure Date 3/2/, 19.36	Manner of injury
al l. h. 10.	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
alles as all & he on.	(Signed) 4 7 Waite M. D.
20. FILED 3/ 1936 Registron	(Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	ripal cause of death and related causes Date of onset of importance were as follows:		Date of onset
Arteriosclerosis	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1. week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		12 Bd Bt	
Other contributory causes of importance:		Other contributory causes of important 30	
Gallstones	May 1,1923	Gastroentcritis	I lear
		80%	

amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. report specifically the occupations of persons engaged in domestic service for wages, as Servant, salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to tor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work, and also (b) the illness. If retired from business, that fact may be CAUSING DEATH, state occupation at beginning of changed or given up on account of the DISEASE ment; it should be used only when needed. an additional line is provided for the latter statenature of the business or industry, and, therefore, cient, e. g., Farmer or Planter, Physician, Composiperson, irrespective of age. For many occupations a single word or term on the first line will be suffstatement of occupation is very important, so that the relative healthfulness of various pursuits can be Cook, Housemaid, etc. If the occupation has been STATEMENT OF OCCUPATION .- Precise (not paid Housekeepers who receive a definite The question applies to each and every As ex-

Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tybhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho pneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of

coma, etc., of........... (name origin; "Cancer" is less definite; avoid use of "Tumor' for malignant neoplasms); Measles; Whooping cough; Chronic valcular heart disease; Chronic interstitual nephritis; etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broncho pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purreran state cause for which surgical operation was undertaken. For violent beating state means of injury and qualify as accidental drowning. Struck by-railway train—accident; Revolver cound of head—homicide: Poisoned by carbolic acideprobably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions, Hamorchage, Gastritis, Erysipelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phlebitis, Pyamia, Septicamia, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved); Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1395 1. PLACE OF DEATH Village or City (a) Residence: No.1 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5a. It married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months Devs 8. Trade, profession, or particular kind of work done, as SPINNER. 0 SAWYER, BOOKKEEPER, etc ... CCUPAT may back 9. Industry or business in which work was done, as SILK MILL(SAW MILL, BANK, etc..... 10. Date deceesed last worked et 11. Total time (yeers) this occupation (month end 1) spent in this 12. BIRTHPLACE (city or town). (State or country) FATHER 14. BIRTHPLACE (city or town) plain (Stete or country) carefully MOTHER 15. MAIOEN NAME in OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) pe plnods very 18. BURIAL, CREMATION, OR REMOVAL CAUSE LION 19. UNDERTAKER

Registration Dist. No. isquellaura (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 20 ds. How long in U.S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 22. HEREBY CERTIFY. Thet I attended deceased from If LESS than to have occurred on the date stated above, at, 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. Date of onset occupation ... 144 Neme of operation... Whet test confirmed diagnosis?_____ Wes there en autopsy?__ 23. It deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19_ Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury. 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) ___

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

,	. PLACE OF	DEATH	IF MAR	TLAND-	B 139	6	
	County 18	Baltimor			Registration Dist. No.		
	Village or Cit	y Runda	eestou		No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and n		
		T 1 1 0				sas.	
			rean wat	_	St., Ward.		
	(a) Residenc	e. 110	(Usual place	of abode)	If nonresident give city or town and	State	
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
	SEX	4. COLOR OR RACE — W		RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH February 14 (Month) (Day)	, 193 <u>b</u> (Year)	
5a.	If marriad, widowa HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I attended of	deceased from	
6.	DATE OF BIRTH (n	nonth, day, and yaar) Fel	ruary 14	+ 1936	I last saw h elive on 19	: death is said	
	AGE Year		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Pate of arrest	
TION	kind of we SAWYER,	sion, or particular ork done, as SPINNER, BDOKKEEPER, etc	••••		Stillan		
OCCUPATION		usiness in which done, as SILK MILL, ., BANK, etc	11 7-1-1	Name (constant)	miscarriage (2 mo)		
11. Total time (yaars) this occupation (month and year)			spa	int in this	Othar Contributory Causes of importanca:		
12.	BIRTHPLACE (city (Stata or count		ma	นกรุ			
IER.	13. NAME	Joseph	H Gree	mualf			
13. NAME Joseph H Greenwalf 14. BIRTHPLACE (city or town) Pandaelolous (State or country)			males	lown	Neme of oparetion Date of What test confirmed diegnosis? Was there an a		
IER	15. MAIDEN NAM	E Gerline	le E Cl	eneno	23. If death was due to externel causes (VIOLENCE) fill in also the following		
MOTHER	16. BIRTHPLACE (State or		md		Accident, suicide, or homicide? Date of Injury Where did injury occur?		
17. INFORMANT A Greenwalt (Address) Pandalla alla alla and alla alla and alla alla			reem	town	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Despurad of on promission, 19			homes	, 19	Manner of injury		
19.	UNDERTAKER	Jos Hre	tean	t tacher	24. Was disease or injury in any way related to occupation of daceased?		
20.	FILED Leb	15-,1936	Wm E	Martin Registrar.	(Signad) Marlay (Addrass) Carrelallolory	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ADMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		-	
Ğ,	E	TI	ed.
	AN	CC	ssifi
Z	RM	X	clas
BI	PE	网	ly.
K	A	ted	per
F	IS	sta	pro
Ω	IIS	pe	pe
S S	TH	P	M
K	1	nou	ma
SE	Z	S	it it
MARGIN RESERVED FOR BINDING	N. B.—WRITE PL. LY, JTH UNFADING INK—THIS IS A PERMANE	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
Z	NIC	-4	80
GI	FAI	ied.	ns,
AR	Z	ppl	err
Z	1 H	su	in
	Ξ	ılly	pla
1	7	refi	in
	LY,	ca	TH
4	5	be	EA
	I	plu	D
	E P	sho	OF
	II	ne	SE
	WR	atic	AU
V. S. No. 1	1	H	0
ri n	B		(
>	Z		

TION is very important. See instructions on back of certificate.

	OF MAR	YLAND-	CERTIFICATE OF DEATH 1397
1. PLACE OF DEATH			[3] × 2 à
County Baltinore			Registration Dist. No. 20
Village or City Catons	ville		No. Beechwood & Edmondson Ask,es. Ward
Length of rasidence in city or town where	daeth occurred	VISmo:	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	rey J. G		William
	nwood &]	-da	O After a Wood
(a) Residence. No.	(Usual place	of abode)	O LST, C.S. Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIFD, WIDOWED, (write tha word)	21. DATE OF DEATH
Male White	Marir	L C u	February 21, 1936. (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of			
(or) WIFE of Alice	S. Gren	mpler	22. I HEREBY CERTIFY, That I attended daceased from 1936 to The 70 1936
6. DATE OF BIRTH (month, day, and year)	Feb. 29.	1860	I last sow har a alive on 2/20 1936; deeth is seld
7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at 4 A_m.
75 11	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:
Trade, profassion, or particular	7-107		Oate of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Retired		chronic rephicto
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Den	tist	+ Thight karhlynes
0. 10. Date deceased last worked et	11. Totel ti	ma (yeers)	
this occupation (month and year) - 17 Y		tin this pation	
12. BIRTHPLACE (city or town) Cinc	innati		Other Contributory Causes of Importanca:
(State or country)		cio.	
الله الله الله الله الله الله الله الله			/
13. NAME Unknown 14. BIRTHPLACE (city or town)			Name of operation 200 Oata of
(Steta of Country)	Inknown		What test confirmed diagnosis? Was there en au'opsy?
15. MAIOEN NAME Unkno	m		23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME Unknow 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?
(State or country)	Unknow	1	Where dld injury occur? (Specify city or town, county and State)
	S. Grem		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Beachwood (Edmond's	son Aves.	
Place Loudon Park	Date Feb.	24,19 36	Manner of Injury
Und and	10		Natura of Injury
19. UNDERTAKER 15 Luc hla	Sh		24. Wes disease or injury in any way related to occupation of daceased?
- 2/	1//	0	(Signed) I take Smith M.D.
20. FILED	- Otra	Registrar.	(Address) Techen at
If more	blanks dre fredet, de		2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD 2 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19

som was

-WRITE PLA

m

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	82.20
1	County Baltimar	Registration Dist. No.
	Village or City Dandalk (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town whera death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Many A Hans	× ×
	(a) Residence: No. Solus OX1 Dunsals (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (Furrice the word) The color of t	21. DATE OF DEATH Commany 7th 36 (Month) (Day) (Year)
	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Level / Laase	22. HEREBY CERTIFY, That I attacked deceased from
certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h. R. aliva on
back of cert	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. A however industry or business in which work was done, as SILK MILL,	were as follows: Date of onset Cerebral apo pluxy 2/9/36
no	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	
instructions	12. BIRTHPLACE (city or town) Phila (State or country)	Other Contributory Causes of importance:
ıstr	13. NAME Jos Gormees	and the second
See in	14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
		What test confirmed diagnosis? Was there an autops/? Was
important	16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
very impo	17. INFORMANT Legal Hause (Address) Jolley Of Develope Care	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
S	18. BURIAL, CREMATION, OR REMOVAL Place M. Carriel Date Let 14 , 1936	Manner of injury
TION	19. UNDERTAKER John Willing (Address) 2008 Orleans St.	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify
1	20. FILED 7/10/36, 19 DMBarune Registrar.	(Signed) 4 Homas M.D. (Address) 1912 981 80 Ph. ma.
1	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. Every item of PHYSICIANS should Exact statement of

supplied. UNFADING

-WRITE

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

l sh	and the state of t	1 OF DEATH
S. B.	1. PLACE OF DEATH	Ile had Registered No. 30
rans sh	CITY OF BALTIMORE: (No. Recedo Atobia R.	(If death occurred in a hospital or institution give its NAME instead
11 (3		of strect and number.)
Exact	Length of residence in city op town where death occurredyrs	ds. How iong in U. S. If of foreign birth?yrs,mosde
E H	2. FULL NAME Samuel M. Hayl	specify WAR
-gi	(a) Residence: No 5/6/1. East are	St.,Ward.
Bullis	(Usuai piace of abode)	(If non-resident give city or town and State)
class	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. Color or Bace 5. Single, Married, Widowed, or Divorced (write the word)	21, DATE OF DEATH (month, day, year) 2- 18 , 193/
Per E	mele white	22. I HEREBY CERTIFY, That I attended deceased from
stated EX e properly of certific	5a. If married, widowed, or divorced HUSBAND of	1936 to 2/18 1934
k o st	(or) WIFE of Agusta Rnapp	I iast saw h. Maive on
be be	G. DATE OF BIRTH (month, day, year) July, 18-1861	to have occurred on the date stated above, at
P m u	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
it it	74 6 1 day,hrs.	Jeff Tolar Juenoma Iday
Hat tion	Trade, profession, or particular	Cardia Failure Idu
AG to t	kind of work done, as spinner, sawyer, bookkeeper, etc.	
s, s	9. Industry or business in which work was done, as silk mill,	
rm:	saw mili, bank, etc	Other contributory causes of importance:
ppl	this occupation (month and spent in this occupation	Serul arterio Delesoses
ain air.	16.64.1	senile demention 192
tar	12. BIRTHPLACE (city or town) (State or country)	Was an operation performed? Date of Date of
efu in por	13. NAME Jerse H. Hall	For what disease or injury?
THE	H // 12 //	Name of operation
EA V	14. BIRTHPLACE (city or town)	What test confirmed diagnosis 22 Was there nn autopsy?
AP	E 16 MAIDEN NAME / 20 - 12 Dag /-	lowing: Accident, suicide, or homicide?Date of injury
OF	E Common Menan	
THE CO	(State or country)	Where did injury occur? (Specify city or town, county, and State)
25	9n . D / 1	Specify whether injury occurred in industry, in home, or in publi
ma CC UP	17. INFORMANT Sound Start (Address), 5/6 M for I and	place
ate CC	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Stin	Place Ballimore Date Feb. 21 1936	Nature of Injury
	In 7: 21 ()	24. Wns discase or injury in any way related to occupation of deceased
	19, UNDERTAKER Hartin Carl THOMO	If so, specify.
70	F. N	(Signed) Danuar / Claysa M. 1
1>	20. FILED JOB 20- 1936 mars all 10 mars	(Addres 33 Ud walkles Hun

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," ctc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related pate of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1915 1 week ago Arteriosclerosis Attack of epilepsy 1921 1 week ago Chronic interstitial nephritis Run over by street car July 5. 1927 3 days ago Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 14(it)
1. PLACE OF DEATH	2
County Daltimore	Registration Dist. No.
Village or City Sparrows Point	No. R10 Box 14. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurradyrs,mos.	
2. FULL NAME Boy Hallameye	er (Tmin #1) X
(a) Residence: No. Sausk as above ((Usual place of abode)	St, Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 19, 193 6. (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND ot (or) V/IFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 19-36.	I last saw h. / 14 alive on Lead Feb. 19 , 1936; death is said
7. AGE Years Months Days It LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL,	fremature (5 months)
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation occupation	
12. BIRTHPLACE (city or town) Aparons Fourt (State or country)	Other Contributory Causes of importance:
13. NAME albert. Vaul Nallandyn. 14. BIRTHPLACE (city or town). 13 altruore (State or country)	Name of operation
15. MAIDEN NAME Bla Catherine Murall	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ella Catherine Muvall 16. BIRTHPLACE (city or town) Mest part Bacto. Co. (Stata or country)	Accidant, suicide, or homicide? Data ot injury, 19
17. INFORMANT Mus Ella /fallameyer. (Address) Ibanows Palit nell	(Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place John Hopkins Date Felly 19. 1936	Manner of injury
19. UNDERTAKER (Addiess)	24. Was diseasa or injury In any way related to occupation of deceased? 700
20. FILED TIL 20, 1936 MARCHINICA, Registrar.	(Address) Abarrows fourt Med
If more blanks are needed, address State Registrar	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

V. S. No. 1

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	1	Example I
principal cause of death and related causes Date of onset mportance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
ick of epilepsy 1 week ago	1915	Arterioselerosis
over by street car 1 week ago	1921	Chronie interstitiat nephritis
ilonitis 3 days ago	July 5,1927	Cerebral hemorrhage MAR 4 1936
		BUREAU V. S.
er contributory causes of importance:		Other contributory tauses of importance:
troenteritis 1 year	May 1,1923	Gallstones
er contributory causes of importance:	July 5,1927	Chronic interstitial nephritis Cerebral hemorrhage MAR 4 1936 LUREAU V. S. Other contributory causes of importance:

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Igaltemore	Registration Dist. No.
Village or CityQuadalk	No. Sollers Point Rd St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Calvin Hawkins	
(a) Residence: No. Sollers Point Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale widower	21. DATE OF DEATH A (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Victoria alice Hawkens	22. I HEREBY CERTIFY, That I ettended dacaesed from
6. DATE OF BIRTH (month, day, end year) Jan 1, 1860	1 last saw h im elive on 7 10 12 , 19 36; death is said
7. AGE Yaars Months Days If LESS than	to hava occurred on the deta stated above, at 1.45 Pm.
76 / 12 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as tollows:
8. Trede, profassion, or particular	atteriorderote Cardio - Vare-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done as SI K MILL	ufar disease
	Chriculas Fibrillation + Cardiac
SAW MILL, BANK, etc 10. Data daceased last worked at this occupation (month and year) spent in this occupation.	Sucmiplication 7.773
12. BIRTHPLACE (city or town) Hagaus W. Va.	Other Contributory Causes of Importance:
13. NAME David Hawkins	
13. NAME David Hawkins 14. BIRTHPLACE (city or town) Hagens W. Va (State or country)	Name of operation Data of Whet test confirmed diagnosis? hypical Sugar Was there an autopsy? He
15. MAIDEN NAME Maria Regges	23. If death was due to extarnal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Again W. Va.	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT Son - Frank (Address) 4025 gastern ave.	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceHagan Lemaley Dote, Feb 16 , 1936	Nature of injury
19. UNDERTAKER W M. BOOK (Address) 1.3 W. S. S. Organia S. S.	24. Wes disease or Injury In any wey related to occupation of deceased?
20. FILED. 2/36 19. 11 MO aresen	(Signed) Formula June M. D. (Address) 59 Duribalk Cov.
Registrar.	N. C. J. C. J. P. J. C. S. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, au occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	1 1 1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1403

1. PLACE OF DEATH			2 X	
County Baltimore			Registration Dist. No.	12
Village or CityHalethor	pe	(1)	No. Arbutus Ave. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of residence in city or town where o	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	nosds
2. FULL NAME			χ	
(a) Residence: No. Zrbutus	Ave.		St., Ward. If nonresident give city or town an	
BEDSONAL AND CTATICT	(Usual place	of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTS 3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Female White		D (write the word)	February 16 (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Benjamin	Franklin	Hawkins	22. I HEREBY CERTIFY, That I attended	d decaased from
6. DATE OF BIRTH (month, day, and year) Fe	hanna o'	7 1965	I last saw h. C.T. alive on Julmay 4 19 3	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 11.10P.m.	r., ueath is said
70 11	19	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	None		Palmony between	1933
10. Date deceased last worked at this occupation (month and year)	sper	ime (yaars) nt in this upation		
12. BIRTHPLACE (city or town) Luray			Other Contributory Causes of importance:	·yn
	Virginia		Thy ocarrise Parlies	2400
13. NAME Jacob A	. Printz			
	Luray Virgi	nia	Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NAME Elizab	eth Ann S	Sours	23. if death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Flizab 16. BIRTHPLACE (city or town) L (Stata or country)	uray Virgin	ia	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT My Harry G. (Address) Arbytus Ave.,	Hawkins		(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18, BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem.	Pat Febru	nary 19,36	Manner of Injury	
1000 H	100	75	24. Was disease or injury in any way related to occupation of deceased?	Mo
19. UNDERTAKER 1003 W. Balt	imore st.		(Signad) OFF deres U, Teller	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy " A 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH /1404
1. PLACE OF DEATH	52 Inglinde VIV
County Dallymore	Registration Dist. No. 30
Village or City Calonsulls	ND. Edmindson hoth Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Names Nawhins	2
(a) Residence: No. Operts Sonatorum	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from Oct 1934, to File 7 , 1936
6. DATE OF BIRTH (month, day, and see 10. 22.1854	I last saw h alive on Feb 6 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER as SPINNER SAWYER, BDDKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Carginaria of Rt East + luh
10. Date deceased last worked at this occupation (month and 920 spent in this year) 12. BIRTHPLACE (city or town) Annu Annual Parameters occupation	Dther Coutributary Causes of importance:
(State grecountry) 13. NAME Polit R Hawkins	
14. BIRTHPLACE (city or town), My f	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Cleres Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 2.44	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR-REMOVAL Place Date Date	Manner of injury
19. UNDERTAKER AND STAND	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb 7, 1936 marsfall B West Registrar.	(Signed) marshall B west M.D. (Address) Calconnelle wil
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

CONT 3	Example II	
Date i onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Rup over by street car	1 week ago
July 0,1000	Peritonitis	3 days ago
1		
	Other contributers course of insured	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 8, 10 x	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Ruh over by street car July 7,1000 Other contributory causes of importance:

ADDITIONAL SI	PACE F	FOR F	TURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
---------------	--------	-------	---------	------------	---------------	------------------

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	1400
County Saltuniare	Registration Dist. No. 44
Village or City Meelule	NoSt Wa
Length of residence in city or town where death occurred 21-yrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME / yount Helynins	all
(a) Residence: No. / Worldwife (Use / Consult)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. W OR DIVORCED (write the word)	Feb. 26 193 6
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Mary Therese Helminia	HEREBY CERTIFY. That I attended deceesad from
Jan. 1, 1884) 0- 1550	The 26 ,1936, to fell 26 ,1930
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Days If LESS than	l lest saw hard. elive on 744 26 1936; death is se
1 day hrs	to heve occurred on the dete stated above, et 2.4.2 £m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
50 or 25 or min.	were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc.	Monan forsoning; coused tel-2
9. Industry or business in which	ty lating Komermade registrice soup
SAW MILL, BANK, etc. 7 Mem on flower	The day olds out Q
10. Deta deceased lest worked at time (years) this occupetion (month and spant in this	
yeer) occupation	Other Coatributary Causes of importence:
12. BIRTHPLACE (city or town)	The Rome-made vegetable soup, which caused the
(Stete or country)	ptomaine poisoning , was one day old
13. NAME Jaseph Selmuscal	
13. NAME JOSEPH Selmiscall 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmad diegnosis? Was there an eutopsy?
15. MAIDEN NAME	23. If death was dua to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN Strelia Nelminia	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Formal Ale Ale	
Pleast Stanishaus Delot eb 29 1936	Menner of injury
4 0 10	Neture of injury
19. UNDERTAKER Tred W. Ozasewskij	24. Wes disease or Injury in any wey releted to occupetion of deceased?
HI I I I I I I I I I I I I I I I I I I	If so, specify
20. FILED Tel. 27, 1936 John J. Connet	(Signe) (Address) Cosedule M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 4 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAD 5 1999	July 5, 1927	Peritonitis	3 days ago
PERLIVS I			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1407
1. PLACE OF DEATH	(2)
County Malternore	Registration Dist. No. 4
Village or City Annapolis Road	No. Talance Ward death occurred in a housital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizabeth Ann Ita	ffman + Seal II we the
(a) Residence: No. 4 May 500 (Usual place of abode)	MSt. March Ward Land I I nonresident give give for town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH 23 February 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Anigle	22. I HEREBY CERTIFY, That I attended deceased from 1935, to 23 MMM/1936
6. DATE OF BIRTH (month, day, and yeer) 38 Sanuary 1859	I last sew har alive on 22 dels , 1936; death is said
7. AGE Years Months Days If LESS that	to heve occurred on the date stated above, at 2, 20 m.
77 - 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc	Thronic Interstitial
9. Industry or business in which	Jegnus 1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and syear)	
12. BIRTHPLACE (city or town) Paltumore Court	Other Coutributory Causes of importance:
(State or country)	
I 13. NAME Halbert Hoffman	
13. NAME Halbert Hoffman 14. BIRTHPLACE (city or town)	Name of operation Date of
CI (State of country) Jenny Sylvania	What test confirmed diagnosis? JUNULAN - Was there en au'opsy?
I 15. MAIDEN NAME) ala miles	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
Cotate of country)	Where did injury occur? (Specify city or town, county and State)
(Address) and Aldred it 22 by	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
T8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Fondon Park Date Feb 26, 1936	Neture of Injury
19. UNDERTAKER W. M. Gooff (Address) /21 7 35 Paul 18 Bolton	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDAY 14, 1936 Gorkieffer Registrar.	(Signed) Albertal Wood of the M.D. (Address) inthicum 479 7 Mal
If more blanks are needed, address State Registrar	2411 N. Charles Street, Rallimore, Requesting T. S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker" "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory, "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as targetter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

MARGIN	N. BWRITE PLA	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, so	
V. 5. No. 1	N. B.	(7	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1408
county Ballimore County	Registration Dist. No. 34
Village or City Colorsville.	No. old Frederick rd. Dock or wall ward
Length of resistance is its action about 30	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COMPLUCE. Sarah, To	ogan
(a) Residence: No. Old. Frilling Residence: No. Old. (Usual place of abode)	KERICO Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of RALVED & NOGAN	22. I HEREBY CERTIFY, That I attanded decaased from
11 1 100	Dec ,1935, to \$ Feb 15 , 1936
6. DATE OF BIRTH (month, day, and year) Cloarch 1 = 1862	I last saw h alive on alive on (0 TM,, 19.56 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at!!_ity 5 Am.
10 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carlinoma of ovary with
Industry or business in which	metastinis to ther april 1935
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)	
Thomashada	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) CLOTY COLLECTION (State or country)	
13. NAME Lewis Buckner therlots	
13. NAME Lewr. Buckner, Herley 14. BIRTHPLACE (city or town) Alabama	900 +: 00 +:
4 14. BIRTHPLACE (city or town) ALAG AVA	Name of operation affloration of the 19. 66
15. MAIOEN NAME STAN PLACE AMANGE Sont	What test confirmed diagnosis? Was there an europsy? X
15. MAIOEN NAME STYLET ALL AMANGA Section 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicida, or homicide?
17. INFORMANT & Vernow Hogan (Addrass) Calinaville eller	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager 1
Place to udon Jaril Date 2 - 17 - 1936	Manner of injury
10 HADERTANE HEMPH M. Desalling force Por	
19. UNDERTAKER TONOTO THE STATE OF THE STATE	24. Wes disease or injury in any way related to occupation of decaased?
20. FILED Feb 16 1936 marshall B livest	(Signad) Trober 4 B. Longler M.D.
Registrar.	(Address) Caturisell , MA.
If more blanks are madel all a Company	N. C. I. C. D. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1975
1. PLACE OF DEATH	CERTIFICATE OF BEATT 409
Country B - Ot	101-0
	Registration Dist. No.
Village or City Cochegrille (IF	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \$0 yrs. 2 mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Diescenson smuch	was If U.S. Veteran specify WAR
(a) Residence: No. Confermille	St. Ward.
(Ulual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jelney 76 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of That I da Howard	22. THEREBY CERT FY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sec 24 1855	I last saw have accurred on the date stated shown at 450 m
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, et. 4.50 m.
80 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Browels measure 3 day
Hindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 170. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this 31 4	
12. BIRTHPLACE (city or town) Chaerine,	Dther Contributory Causes of Importance:
(State or country) (2 2 2 2	
13. NAME Samuel Howard	
14. BIRTHPLACE (city or town). Wasses	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Relecce Russell	23. If death was due to external causes (VIOLENCE) filt in atso the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFDRMANT Au Gree Hound (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Date Tel. 18	Neture of Injury
19. UNDERTAKER Walliams la. Brooks & Son.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Fels. 26, 1936 Williamy Chilcon	(Signed) B Benson M. D. (Address) Everywell Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 11 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ż

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	1411
----------	-------	-----------------	----	-------	------

1. PLACE OF	DEATH			93-e) ×	,
/ County	County Baltimore			Registration Dist. No.32	
Village or Cit				No. Outside St., f death occurred in a hospital or institution, give its NAME instead of street and s. 8 ds. How long in U.S. if of foreign birth? yrs.	
	ME Garris			χ	
(a) Residence	e: No. Suil	(Usual place	k, Pikesvi	11.65, Md. Ward. If nonresident give city or town an	d State
PERSONA	AL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb. 4 (Month) (Day)	., 1936
5a. If marriad, widowe	d, or divorced		4-1-1-1	(month) (bay)	(Teal)
HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I attended	
				Nov. 1 , 1935 , to Feb. 4	
	nonth, day, and year) Ma			I last saw him alive on Feb. 4 , 19.36	; death is said
7. AGE Years	s Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9	10. (
- Lrade, profess	sion or particular				Date of onset
	ork done, as SPINNER, BOOKKEEPER, etc	Laborer		Chronic Myocardial Disease	
work was	usiness in which done, as SILK MILL, ., BANK, etc			Arterial-Sclerosis	
this occupy	d last worked at ption (month and	spe	time (years) ent in this upation		
				Other Coutributory Causes of importance:	
	or town)Granitry) Mar	land		Senility	
13. NAME 14. BIRTHPLACE	Samuel T. Hue				
4 14. BIRTHPLACE	(city or town)			Name of operation None Data of	
(State of C	country) Mary	yland		What test confirmed diagnosis?_Clinical Was there an	autopsy?_No-
15. MAIDEN NAM	E Julia Anne 1	Davies		23. If death was dua to external causes (VIOLENCE) fill in also tha following	ng:
15. MAIDEN NAM	(city or town)	yland		Accident, suicide, or homicide? Data of injury Where did injury occur?	
17. INFORMANT (Address)	Garrison Hues			(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) Sudbrook Park 18. BURIAL, CREMATION, OR REMOVAL				Manner of injury	
Placa St.	Thomas Cemet	erman Feb.	8,1936	Nature of injury	
19. UNDERTAKER	Mrs. Samuel T. 578 W. Biddle	Hemsley	, Md.	24. Was disease or injury in any way related to occupation of deceased?	
20.7 LED 5	, 1936 &	2 Zuc	los	(Signad) 6 EMCharles Picesville, Md.	
			Registrar.	(Address) PILES VIIIE 9 NUL.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car 861 & AVN	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		0.3/1/2/2/3/3/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

PHYSICHANS should state RECERD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be WRITE PLANLY, B.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2.0)
county Baltimore	Registration Dist. No. 42
Village or City arbutus	No. On Rublin Bus St., Ward
Length of residence in city or town where deeth occurred 35 yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?yrs
2. FULL NAME John Leman Hunt	· La
(a) Residence: No. Wirlans and.	St. Ward Hale thouse Und.
(Usual place of abode)	If conresident live city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH June 193 6 (Month) (Day) (Yaar)
HUSBAND of Warie Bertha Hunt	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 13, 1867	I last saw h elive on 19 ; daath is sald
7. AGE Yaars Months Days ii LESS than	to heve occurred on the date steted above, at 7:05 Am.
68 7 23 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, prolassion, or particular kind of work dona, as SPINNER.	Date of onset
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	apoplexy
work was dona, as SILK MILL, Railwad SAW MILL, BANK, etc.	
11 Total time (veges)	endden death
this occupation (month and spant in this occupation 44 74	
12. BIRTHPLACE (city or town) Part Deposit, Md,	Other Contributory Causes of importanca:
(State or country)	Manager
13. NAME John James Hunt	
13. NAME John James Hunt 14. BIRTHPLACE (city or town) Park Dipusit, Md.	Name of operation Deta of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ida Chamberlau	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ida Chamberlaur 16. BIRTHPLACE (city or town) Cecil County	Accidant, suicide, or homicide? Dete of injury, 19
State or country)	Where did injury occur?
17. INFORMANT area hove Hunt (Address) Halethorpe, Md.	(Specify city or towo, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place Low don Parke Date / 8 ,1936	Nature of Injury
19. UNDERTAKER WM Could	24. Was diseesa or injury in any wey related to occupation of deceased? If so, spacify the same of th
20. FILED Jely 5 36 De Frokieffer Refister.	(Signed) Juff Michael Can Cagishor
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance. Gallstones 9667/7	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL STATEMENTS BY PHYSICIAN

V. S. No. 1

VALLE ER	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH 141	2
1. PLACE OF D	EATH			- A 2	7"
County	tellen	iore		Pegistration Dist. No.	
Village or City	Jow.	on	Man Harry	No 205 W. Chesapeake ster	Ward
	2- 24 - 4 1	1	11 . 1	death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence	in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME	Mary	aym	5/Mus	auna x	
(a) Residence: N	o. 205	(Usual place	esapea	Ward. If nonresident give city or town and	State
PERSONAL	AND STATIS			MEDICAL CERTIFICATE OF DEATH	Xate
	OLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH (/ /	
Fernale 1	lite		D (write the word)	Feb. 6h	193 6
5a. If married, widowad, or	divorced	Sun	y c	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of				22. JAHEREBY CERTIFY, That testended of	eceased from
6. DATE OF BIRTH (mont	, day, and year)	1001/18	862	light saw h er alive on Feb- 5 th 1936	; death is said
7. AGE Years	Months	Days	if LESS than	to have occurred on the date stated abova, at6m.	
7.5	3	6	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trade, profession,	or particular		1 41		Date of onset
	ona, es SPINNER, (KEEPER, etc			Myscordial Susufference	Jan 2
work was done	as SILK MILL.			Primpary Cause 20	1936
SAW MILL, BA		II Total I	tima (years)	Provice myocardities Cut	R
O 10. Date deceased las this occupation year)	(month and	spa	ent in this	Duration: not stated	
	13	1 Stine	<i>51</i>	Other Contributory Causes of importance:	2
12. BIRTHPLACE (city or t (State or country)	own)	1 m	a C	Pronchelles yelles.	An Ro
	me to H	uslone	11	Rendelsy	27
E	0	Phila	,	Bronchuta Vsecondary).	
I4. BIRTHPLACE (city (State or coun		Pa		What test confirmed diagnosis? hyprac funding was there an a	utaneu?
15. MAIDEN NAME	Penn E.	Cahr	m	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME		Ino	rloth	Accident, suicide, or homicide? Date of Injury	
O 16. BIRTHPLACE (city Stata or coun			O Va	Where did injury occur?	
mi	(6. A	Louran	1	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
17. INFORMANT	It Ches	speake	are Low	a.	
18. BURIAL, CREMATION,	OR REMOVAL	1 4	1 2	Manner of injury	
Piace Our	ton Pair	Date O21	10,19.26	Nature of Injury	
IN HADEOTAVED HO	enn. H	Suke	is Ama	Was disease or injury in any way related to occupation of daceased?	no.
19. UNDERTAKER	Chell	HOOL	shall !	if so, specify	4
men street 9	36 1	11 USBANDAL	. Con Hon	(Signed) Dawel of St thro. James	M. D.
20. FILEWAY	199	uty A To	Registrar.	(Address) downfines	
	1/ mor	e blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	number	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
American At a contract of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Marie Colored	-91-21.0

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis MAR 6 1336	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Part state - Andrews - Tambaga process and part of the state of the st			
Other contributory causes of importance:		Other contributory causes of importance:	T-5-11-3
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

RD. Every item of infor- HYSICIANS should state statement of OCCUPA-	Village or	Baltimore City Caton Svil		34 yrs 3 mo	Registration Dist. No. 34 No. Spring Frove State Hospitalst., f death occurred in a horpital or institution, give its NAME instead of street and 8 ds How long in U.S. N of foreign birth?	Ward d number) mos ds
RD. Every PHYSICIANS		AME Susanna lence: No. Spring			St., Ward. Mil If nonresident give city or town as	nd State
REXACT	PERSO	NAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	s. sex	4. COLOR OR RACE	OR DIVORCI	RRIED, WIDOWED. ED (write the word) ingle	21. DATE OF DEATH February 10 (Month) (Day)	, 193 6 (Year)
BINDING PERMANE. EXACTI y classified.	5a. If married, wid HUSBAND of (or) WIFE of	-			22. I HEREBY CERTIFY, That I attended 10-23-01	, 19.36
FOR BI IS A PE stated E properly certificate.	7. AGE Y	aars Months 87 7	Jan. 28.184 Days	1 day, hrs.	to have occurred on the data stated above, at 2 :- 20 An.	Date of onset
RESERVED GINK—THIS GE should be that it may be poss on back of c	9. Industry o work v SAW N	fassion, or particular i work done, as SPINNER, R, BOOKKEEPER, etc	11, Total	ome time (years)	Arteriosclerosis	Unkn.
cti s cti	year).	cupation (month end	06:	ent in this supation	Other Contributery Causes of Importance: Rdema lung	8 hrs
MARGI UNFAI supplied. n terms, ee instru	₩ 13. NAME	William Ingh	nam			
MA TH U Suppose the control of the		CE (city or town)	Ingland		Namo of operation Dete of. What test confirmed diegnosis? Phys. exam and wasaha a	
efully in pla	15. MAIDEN N	NAME Rachel Ra	ındall		23. If death was due to external causes (VIOL ENCE) fill in elso the following	ing:
ATNLY, W. d be careful DEATH in py important.	∑ (Stata	CE (city or town)Ba.] or country)			Accident, sulcide, or homicide? NO Date of injury NO Where did injury occur? Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC 1	(hata)
PI PI	(Address)	Spring Grove ATION, OR REMOVAL Of Oliver	State Hos	7	Manner of injury	LAGE.
N. B.—WRITE mation sl CAUSE A		John	Date all	12, 1936	Nature of injury 24. Wes disease or injury in any wey related to occupation of deceesed? If so, specify (Signed) (Address)	Sud M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones Col ET	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-KECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING Important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY, TIONOL I V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1/ PLACE OF DEATH	94E) Y
County , Saitmore	Registration Dist. No.
Village or City Pilas in the	NDSt.,Warn
Length of residence In city or town where deeth occurred 6 / yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?mos,d.
1. 5	
2. FULL NAME MA Johnso	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED fravite the word)	21. DATE OF DEATH Tefrugry 15 th (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Thelef B. Johnson	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, end yeer) February 6 185	I last saw h alive on, 19; deeth is sa
7. AGE Yeers Months Days If LESS than	
8/ 6 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Data of ones
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Date vivino
	was assack
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Primary Course: Coronary thrombosis a Ce & R.
10. Oate deceased last worked et this occupation (month end year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Paltimore Mary land	Other Coutributory Causes of Importence:
13. NAME Wiam Heading for	
14. BIRTHPLACE (city or town) Paltman MA	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Ketura Daseman	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Dalkanne Mad	Accident, suicide, or homicide?Oale of Injury
E (Stete or country)	Where did Injury occur?
17. INFORMANT Alaman Johnson (Address) 2916 Cyltury Art Balt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
BURIAL, CREMATION, OR REMOVAL	Manner of injury
West Swint Octo Feb 18 , 193	Neture of injury
19. UNDERTAKER & blino + Long (Addressy) Resolution Med	24. Wes disease or injury in any way related to occupetion of deceased? If so, specify
4 1 1 2 2 5 7 1 0 0 0	(Signed) Is Must Deale Jones M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	KII
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAR 3 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		41		
M	item of infor-	should state	or occupa-	
	RD. Every	YSHEIANS	statement	
	T KECO	Y. PH	Exact	
INDING	RMANEN	XACTL	classified.	
FOR B	IS A PE	stated E	properly	certificate
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-	TION is very important. See instructions on back of certificate.
MARGIN	TH UNFADI	ully supplied.	plain terms, so	t. See instruct
•	PLAINLY, W	should be caref	OF DEATH in	very importan
т.	-WRITE	mation s	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	(93°C) 1416
County Ballinine	Registration Dist. No. 35
Village or City white Itall had	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Margaret am for	rio
(a) Residence: No. While Stall-	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FULL 17 (Month) (Oay) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Samuel J. Joses	22. THEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Och 19 1868	I last saw h. e. alive on Feb. 17 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 3 / d 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of officer
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done as SPI K MII 1	Cormany Occhissen 2/17/31
work was done, as SILK MILL, At Home	
10. Date deceased last worked at this occupation (month and year)	
Men Pack)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) / CLC (State or country)	-40 Liel arte School
13. NAME Wm m. Savis	
13. NAME Wm M. Sauris	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 4.4
15 MAIDEN NAME Catherne Secherch	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT the man of the little and the little	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chattee Pa. Oate Feb 10, 1986	Manner of Injury
19. UNDERTAKER P. Marhluston	24. Was disease or injury in any way related to occupation of deceased? Lo
(Address) Whitestall and	If so, specify (Signed) (Signed) M. D. Trance M. D.
20, FILEO Tex. 179, 1986 M. slues Coviling M. N. Registrar.	(Signed) (Address) Parleton, lud.

N. B.-WRITE PLAINLY, V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
DULLEU V. S.			
Total control of the	,		. no 319
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(M

BINDING

RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
4	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

(M)	2999	э ні	EALTH	DEPA	RTMEN	T-CITY OF BALTIMOR	S	
S A PERMAN AT RECORD. Every item of the be stated ACTLY. PHYSICIANS should nay be properties classified. Exact statement of back of certificate.	J. Dr. of	Lest E OF DEA	life.	(TE OF DEATH Registered No. 4	Ln	
	-CHRON	BALTIMO	RE: (No	Washing	ton Blvd.	St.,Ward) (If death pe a hospital or give its NAM)	E instead	
						of street and neds. How long in U. S. If of foreign birth?yrs	nosds.	
	(a) R	esidence: N	lo.Washi	ngton B	lvd.near	CatonStAve. Ward. (If non-resident give city or town as	nd State)	
	PERSO	NAL AND	STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX Male	or Divorced (write the word)				21. DATE OF DEATH (month, day, year) 1 , 186		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Kaufman					last saw has alive on 11 to 19.36 Death is said		
	6 DATE OF	RIRTH (mon	th. day, year)	Aug. 20	1370.	to have occurred on the date stated above, at		
S IS IS lould it ma	7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:	Date of onset	
E Sh	65		5	11	ormin.	John Sandar Maga		
INK—7 I. AGI Is, so th	8. Trade, profession, or particular kind of work done, as spinner, Carpenter sawyer, bookkeeper, etc.							
	1 Industry or business in which work was done, as silk mill, Unenployed saw mill, bank, etc.						•••••	
IN RE	Date de this	mill, bank, etc eceased last we occupation (m	orked at onth and	11. Total t	ime (years) t in this	Other contributory causes of importance:		
MARGI INFAD ully su n plain rtant.	(State of	ACE (eity or country)	r town)I	altimor	e, Md.	Was an operation performed?		
FH U	alian Kaufman William Kaufman					For what disease or injury?		
TE PLAINL VIT	14. BIRTHPLACE (city or town) Baltimore, Md.					Name of operation		
	[62]	EN NAME	Mary R	av		lowing: Accident, suicide, or homicide?Date of lnjury		
	15. MAIDEN NAME Mary Ray 16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)					Where did lnjury occur?(Specify city or town, county, and State) Specify whether lnjury occurred ln Industry, in home, or in public		
	17. INFORMANT Mary S. Kaufman					place	m paone	
	(Address) Washington Blv1. (ar Cator					Manner of Injury.		
-WRITI inform state (18. BURIAL CREMATION, OR REMOVAL Place ore for face. Date felt. 4. 1936					Nature of injury	.00,0	
Z. B.	19. UNDERTAKER Trederick R. Cole (Address) / 200 / Jonn John St.					24. Was disease or injury in any way related to occupation o	deceased?	
C	20. FILED.	elyst	193/	SIN.	Registrar.	(Signed) May May As a second	м. р.	
	1	11.		7	00	# ***		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II		
The principal cause of death and relationates of importance were as follows:	ted Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
8887				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
			, P	
			4.0	

	INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	UPA-	1
)	of	plu	200	
	item	sho) jo	
	rery	ANS	ent	
	E .	ICI	tem	
	A D	IYS	sts	
	EC	PI	xact	
	E	Y.	14	
5	NEN	L	fied.	
1	MAZ	AC	assi	
TTC	ER	EX	y cl	te.
4	A P	ed	perl	fica
2	IS	stat	pro	certi
1	IIIS	pe	pe	of
2	T	plnc	may	ack
1	INK	sho	it.	on l
1	[G]	\GE	that	Suc
1	DIA	l. 4	80	ucti
MANGIN RESERVED FOR DINDING	VFA	plied	rms,	important. See instructions on back of certificate.
4	5	dns	n te	ee i
İ	E	Illy	plai	SO2
	M	ref u	-	that
0	LY,	ta	TI	DOL
	E	pe	E	im

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _mos._____ds. How long in U.S.If of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DR DIVORCED (white the word) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Devs If LESS than to heve occurred on the dete stated above, at 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Oate of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9-Industry or business in which work was done, es StLK MILL, SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupetion ___ Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) FATHE Name of operation_ 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy? 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OTHE Accident, suicide, or homicide?________Date of Injury________19_ (Stete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. mation should OF 18. BURIAL, CREMATION, OR RE Menner of injury LION Neture of injury_ 24. Was disease or injury in any way related to occupation of deceased?___ 19. UNCERTAKER If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	1	Example II	
The principal cause of dea of importance were as follows:	th and related causes WS:ECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	APR 17 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	VI) I/ T 1 TOOL	July 5,1927	Peritonitis	3 days ago
	MIDEAU V S	1		
Other contributory causes	of importance:	ambier que	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

of CC CC	/ County Baltimore	Registration Dist. No. 32 33
ry item of NS should nt of OCC	Village or CityReisterstown_Road, Owing Length of residence in city or town where death occurred7	St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of loraign birth?yrsmosds.
CORD. Every PHYSICIANS oct statement	2. FULL NAME Frederick W.Klein (a) Residence: No. Ovings Mills, Md. (Usualplace of abode)	If U. S. Veteran, specify WAR
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X H	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH Lebruary 18th, 193 0. (Month) (Day) (Year)
PERMANENT EXACTL ly classified. ate.	5a. II marriad, widowed, or divorced HUSBAND of (or) WIFE of Ida B.B.Klein	22. I HEREBY CERTIFY, That I attended deceased from 19
IS A PERI stated E X properly cl	6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days I LESS that 1 day,	l lest saw h; death is said to have occurred on the date steted above, atm,
INK—THIS E should be at it may be son back of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end.) 15/35 spent in this occupation (coupation) 45	Date of onset Primary Cause: Coronary thrombasics Direction: Not stated a Civilian
So so reti	12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Other Contributory Causes of importance:
INFAI pplied. erms, instru	13. NAME Christopher Klein,	
sur in to See	14. BIRTHPLACE (city or town) Germany. (State or country)	
WIT ofulls	15. MAIDEN NAME Sophia Harbeck,	23. If death wes due to external causes (VIOLENCE) fill in also the Iollowing:
9 .7 8	16. BIRTHPLACE (city or town) Germany . (State or country)	Accident, suicide, or homicide? Date of injury
AINLY, ld be car DEATH y import	17. INFORMANT Mrs. Ida B.B.Klein.	(Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Manner of injury If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not us the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, aspectia, esthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributing causes of importance, name other important diseases or injuries. Examples:

Example I	Co.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

/1	S PLACE OF DEAT		F MAR	YLAND-	CERTIFICATE	OF DE	ATH 14	121
1.	County Balti				21-a	Registratio	n Dist. No.	33
	Village or City Ovi		lls		No. Pleasant]			., Ward
	Length of residence in ci	ty or town where de	ath occurred	.5 yrs mos	death occurred in a hospital or insti	tution, give its NA	ME instead of street	and number)
2.	FULL NAME O					.,		
	(a) Residence: NP			ad.	St., Ward.	If nonreside	nt give city or low	n and State
	PERSONAL AN	D STATISTIC	CAL PART	CULARS	MEDICAL O	CERTIFICAT	E OF DEAT	Н
3. SE	Wale Whi			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	5 L D 19	36 / (Year)
5a. II	f married, widowed, or divo HUSBAND of (or) WIFE of Nel	lie V.Ko	onze,		22. 1 HEREB	Y CERTI		nded deceased from
6. D	ATE OF BIRTH (month, day	y, and year) Jai	nuary 4	.1873	I last saw h_	Feb 1		34; death Is said
7. AC	GE Years	Months	Days	If LESS than	to have occurred on the date ste		, .	
	8. Trade, profession, or pa	1	11	l day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related ca	uses of importance	Date of onset
OCCUPATION	kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e 10. Date deceesed lest wor this occupation (moryear)	which SILK MILL,Balt etc.	timore	Co.Court ime (years) ntin this upation 10 Yrs		ension		Jan 193
1	STATE (City or town) (State or country) Ba	ltimore	Md.		Other Contributory Causes of im		whee	Februa 193
FATHER	13. NAME John	W.Konze)		AT-			
	14. BIRTHPLACE (city or to (State or country)	Baltimo	re Md.		Name of operation What test confirmed diagnosis?.f	linica		e an autopsy NO.
OTHER	15. MAIOEN NAME I	ouisa He	inzelma	in,	23. If death was due to external c	auses (VIOL ENCE)	fill in also the foll	owing:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?_ Where did Injury occur?					
17. INFORMANT ALAS Achie V. Karage. (Addross) Pleasant Hill Md.			Specify whether injury occurred	(Specity city in INDUSTRY, in	or town, county an HOME, or In PUBLI	d State) C PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Oete FEB 18 1936			Manner of Injury					
19. UNDERTAKER See Wattle (Address) 2700 Edmondson Ave. 20. FILED Lab 17, 19.26 M. Slade.			24. Was disease or Injury In any If so, specify (Signed) (Address)	way related to occ	Mille	m. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

MARGIN RESERVED FOR BINDING,

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 1422
County Ballimore	Registration Dist. No.
Village or City Ourings Smills, Ind Length of residence in city or town where death occurred 4 yrs, 9 m	ND. Received State Training Segrol Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) 17. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
- 0 - 1/ - 0	nes
	timore, mward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Tel 28 1936 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. PIHEREBY CERTIFY. That I attanded decaased from 24. 27 1936 to 7 28 1936
6. DATE OF BIRTH (month, day, and year) July 31, 1927	Hest sawh er elive on Pet 28 1936 deeth is said
7. AGE Years Month Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 1:50 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER with a SAWYER, BOOKKEEPER, etc State. Training Selver of the work was done, as SILK MILL, Owings will, and SAW MILL, BANK, atc 10. Date dacasaed lest worked et this occupation (month and	e Sdeory Conge
o this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Ballinisse, Suck (State or country)	Dthar Contributory Causes of Importenca:
	Lobar V neumonia 2/37/3
13. NAME Emil Krelochmer 14. BIRTHPLACE (city or town) Baltimore, md. (State or country)	Name of operation Love Data of Love What test confirmed diagnosis? Quito force Was there an autopsy?
15. MAIDEN NAME marginel Schults 16. BIRTHPLACE (city or town) Baltomore Sud (State or country) 17. INFORMANT Institutional Records	23. If daath was dua to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place AND LON PAUK Date Mouth 2, 1956	Menner of injury
19, UNDERTAKER GLOYLE W. ZINSLEN (Addrass) 9,757 Ergen H	24. Was disease or injury In any way related to occupation of decaased?
20. FILED 126. 29., 19.75 STORES Registrar.	(Signad) G. medary M. D. (Addrass) Ourings wills, and

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED	1	Example II	
of importance were as follows: Arteriosclerosis The principal cause of death and related causes of importance were as follows: 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis . EAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4	XI	IYS	st	
	E.	PF	xact	
		×	(F)	
MARGIN RESERVED FOR BINDING	WRITE PLANTY HATH UNFADING INK-THIS IS A PERMANEN EL AL	nation should be carefully supplied. AGE should be stated EXACTLY. PHYS	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact st.	
pq.	PE	H	rly	cate
FOR	IS A	stated	prope	NON is very important. See instructions on back of certificate.
0	SIH	pe	be	Jo
ERVI	K-T	plnoy	t may	back
ES	K	E	at in	on
E	ING	AG	e tha	tions
	AD	ed.	S, S	ruc
AR(UNE	pplie	term	inst
M	H	Su	in	See
	1	ully	pla	t.
	1/2	aret	i.	rtan
-	R	e c	ATI	n po
	Ą.	ld b	DE	y ir
	PI	hou	OF	ver
	TE	n s	SE E	. IS
	WR	natio	AU	ION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1423	
1. PLACE OF DEATH	(4.E)	,
County Baltimore	Registration Dist. No.	
Village or City frammb Punt	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death occurredyrs,mos		ds.
2. FULL NAME Elizabeth S. Lee	V	
(a) Residence: No. 599 C (Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	36 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the affect b. Lee	22. I HEREBY CERTIFY, Thet I ettended deca	ased from
6. DATE OF BIRTH (month, dey, and year Aus 31, 1851	t lest sew here elive on Fish 254 ,1936; de	ath is said
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the dete steted above, et 150 cm. 8 The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular kind of work doma, as SPINNER, POOR	Colores Linear & 9	te of onset
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc		
IO. Dato daceased last worked et this occupation (month and year) II. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) (Stata or country)	Other Centributory Canses of importance: Myocoulditie	
13. NAME I Shine S. Keller		
13. NAME Sohia S. Reller 14. BIRTHPLACE (city or town)	Nama of operetion Dete of Whet test confirmed diagnosis? Wes there en autop	
15. MAIDEN NAMERLIS AREL MERLEY	Whet test confirmed diagnosis? Wes there en autop 23. If death was due to externel ceuses (VIOLENCE) fill in elso tha following:	Sy!
15. MAIOEN NAME Clipatels Miller 16. BIRTHPLACE (city or town) (Steta or country)	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANTING Walter H. Beyone (Address) Spanning Rt.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECOTIVISTE PA Dete Mar 3 126	Menner of injury	
19. UNDERTAKER Vary H. Wits Ce (Address) 4/01 Kanson Seas and	24. Was disease or injury in eny way releted to occupation of deceased?	1
20, FILE Mar. 2 1, 1936 4. Att. Lormica M. Registrat	(Signed) January 6 Elegal (Address) Spanno San	7M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9861 C	3 days ago
		4 4 4 4 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Coltimore	Registration Dist. No. 30
Village or City Question	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
91. 11.00 V	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME TYSAND HOTE LOL	a u. s. was source
(a) Residence: No. 2000 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Peer)
5a. If married, wildowed, or divorced HU3BAND of	(Month) (Day) (Yeer)
HUSBAND of Pamelia of thanke Lee	22. HEREBY CERTIFY, That I attended deceased from
argust 25th 1844	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 2.224 m.
58 5 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Gardner	Chronic Myscardity; Heart desired und or
SAWYER, BOUKKEEPER, etc.	
9. Industry or business In which work was done, as SILK MILL, MAY. Wiley SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
anthrong 1	Other Contributory Canges of Importance
12. BIRTHPLACE (city or town) (State or country)	Therefore melling funda.
13. NAME MM N. Lee.	Fratiste sil
14. BIRTHPLACE (city or town) Baltimore	Name of operation Assay Date of
(State or country) Go Md.	What test confirmed diagnosis? Chine was was there an autopsy?
15. MAIDEN NAME Gligsteth Boale 16. BIRTHPLACE (city or town) Baltimore (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following: No
0 16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Date of injury, 19
(Stale or country) log Md.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT amelia Jehans Loe (Address) Biston and.	Specify whether injury occurred In INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place Production Date Date -, 19 3	Neture of injury
19. UNDERTAKER JOHN JULIA SONA	24. Wes disease or Injury In eny way related to occupation of deceesed?
20. FILE AD 5, 136 W Wall Person	(Signed) Sollin G. Joydan M. D. (Address) Jowan, M. D.
If more blanks are moded address State Positions	AUTESS) Property of Charles Street Belginson Property of C. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstones	Moy1,1923	Gastroenteritis	1 yeor		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc.

Statement of Cause of Death—Name, first, the DEATE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

>carpolic acid-probably suicide. The nature of the injury W.Examples: Accidental drowning; Struck by railway trainstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping telanus) may be stated under the head of "contributory." actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLANIA, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every mem on minor mation should by carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. ECOAD. Every item of infor-MARIA, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County faltemore	Registration Dist. No. 4
	No. 23 Zastshep St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo:	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME / telen Lodge	*
(a) Residence: No. 2-3 Cost-lufs Red (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Founds 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 22, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 22, 1936	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
O O 1 day, O hrs. ornin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillorn
Industry or business in which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) 23 Eastship Rd	Other Contributory Causes of importance:
(State or country) Secular Mis	
13. NAME Leslie arthur Lodge	
13. NAME Leslie Other Forder 14. BIRTHPLACE (city or town) Troubles Square (State or country) This	Name of operation
15. MAIDEN NAME Elejabeth Mae & tauley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elejabeth Mae & tauley 16. BIRTHPLACE (city or town). Seleve (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lestie arthur Lodge Address 23 Zantelin Rs	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BUDIAL PREMATION OF REMOVAL'	Manner of injury
19. UNOERTAKER PROME	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 2/2-2/36, 19 Mbarco Registrar.	(Signed) Yourard Description (Address) 390 and all Over
	2211 N. Charles Street Baltimore Requesting 71 S. No. r

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis AR 4 1936	1921	Run over by street car	1 week ago		
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1 % & A.S. V. S.					
want of a country with a company of a control					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1497
1. PLACE OF DEATH	93:0
County Calleniere	Registration Dist. No.
Village or City Sockeam	No. augsteura Home & Mard
Length of residence in city or Jown where death occurred 15 5015 0 0 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
J	
(a) Residence: No. Lett grabierty Home Courpel	ary
4324 Pin (Usual place of aboda)	Sallamase Ma if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewale White S. SINGLE, MARRIED, WIDOWED, OR DITORCED (write the word)	21. DATE OF DEATH Chruary 23 1936
5a. If married, widowed, or divorged HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of Jenry Johnann	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sauc. 19. 185-4	Hast saw h W alive on the 19 10 3 6 double cold
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, et
X 2 1 4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Omonic My ocarditis 1933
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
year)	Other County of the County of
12. BIRTHPLACE (city or town) Player County	Other Coutributory Causes of importance:
(State or country)	Old age
13. NAME Jacob Haght Vogt.	
[State or country]	Nama of oparation
	What test confirmed diagnosis? Was thera an autopsy?
E /	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicida? Oate of injury, 19
17. INFORMANT My Theo. / Caterkung	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) augoburg Home Cumply 1617	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ch. 2/26 3/	Manner of injury
Place Orlian US Oate 1/16, 1936	Neture of Injury
19. UNDERTAKER J Alluanu y In	24. Was diseasa or injury In any way related to occupation of decaased?
(Addys) 3 J. Swadway	If so, specify (1)
20. FILED Jehr N. 190 M. Luffer	(Signed) Story W. Hew M.D.
Registrar.	(Address) DOD Jarricon 13/20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 17 1936	July 5,1927	Peritonitis	3 days ngo
Mariana V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	- 15
Gallstones	May 1,1923	Gastroenteritis	1 year

A te i	STATE OF MARYLAND	CERTIFICATE OF DEATH 1428
infor- state UPA-	1. PLACE OF DEATH	93-0
~ F) II	County & all mm	Registration Dist. No.
should of OCC	Village or City Cottmurty &	Showing from Hasher! Ward
t S ii	Length of residence in city, or town where deeth occurred 5 vrs. 5 mos	theath occurred in a hospital or institution, give its NAME instead of street and number) s
Every MANS	2. FULL NAME Ama Johnson	Lopinski
o. E	(a) Residence: No. 2.3 63 Warman B	If U. S. Veteran, specify WAR
COKD, Ever. PHYSICIAN	(Usual place of abode)	Mard. If nonresident give city or town and State
AECC. PF.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the wind)	21. DATE OF DEATH (Month) (Day) (Year)
ANAN	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I ettended deceased from
BINI EX EX / y clas	6. DATE OF BIRTH (month, day, and year) Unthrony 1876	I last saw h & elive on tex 2 9 36 death is said
	7. AGE Years Months Days If LESS than	to heve occurred on the dete steted ebove, at 935 pm.
FOR IS A I stated properlica	60 Tay,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
- 00	8. Trade, profession, or perticular kind of work done as SPINNER,	- A - A - A - A - A - A - A - A - A - A
	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	D/MORPMUMMUM 2-25-3
VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
ESH INI E sl	Shout in this	
RES NG I AGE that	year) occupation	Other Contributory Causes of Importance:
IN R. DING	12. BIRTHPLACE (city or town) (State or country)	Minister 10-10.
MARGIN RI UNFADING supplied. AGI n terms, so tha		Chimis mort as title 10-10-
the training	13. NAME 14. BIRTHPLACE (city or town) Turkming	Neme of operation
	(State of country)	What test confirmed diegnosis? Assistant Was there an autopsy?
WITH Ffully In plai	15. MAIDEN NAME 16. BIRTHPLACE (city or town).	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
A REVE	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
Z + A d	(State or country)	Where did injury occur? (Specify city or town, county and State)
E PLA] should OF DI	17. INFORMANT VY WAY TY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
rE sh E o	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE TION is	Place frage former of 7 18	Nature of Injury
7 201	19. UNDERTAKER Offissing Lime High Co	24. Was disease or injury In any way related to occupation of deceased?
B. B.	91 911/1 2	If so, specify (Signed)
» z	20. FILED 37 19 Registrar.	(Address) Amy Type Type Tay
	If more bigathe we needed destrey State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
---	------------	---------	-----	---------	------------	----	----------

STATE OF MARYLAND-CERTIFICATE OF DEATH

1429

1. PLACE OF DEATH			107.0) X	4	
County Baltimore Village or City Jones	Creek		No. Registration Dist. No. St.	Word	
/			death occurred in a hospital or institution, give its NAME instead of street and		
		yrsmos	ds. How long in U.S. if of foreign birth?yrsm	iosds.	
2. FULL NAME Ruth E.	Lorah				
(a) Residence: No. Jones Cl	reek		St., Ward.		
PERSONAL AND STATISTI	(Usual place		If nonresident give city or town and	State	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH //		
Femal White		(write the word)	(Month) (Day)	, 193.6 (Year)	
5a. If married, widowed, or divorced HUSBAND of			22. HEREBY CERTIFY, That ettended	deserred from	
(or) WIFE of Walter C.I	Jorah		Job 1 21 198/ to Jeb. 8 to	19 Te	
6. DATE OF BIRTH (month, day, end year)	et 9.18	393	I last saw h M. alive on The 7 4 1936		
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 30 Q m.		
42 3	30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular				Oate of enset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	At Ho	ome	[nemonin Bronch	2-1-36	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Date deceased last worked at this occupetion (month and year)		me (yeers) it in this pation			
12. BIRTHPLACE (city or town)	Penna.		Other Contributory Canges of importance:	2-7-36	
II 13. NAME Benjiman F.	Miller				
Harman Benjiman F. 14. BIRTHPLACE (city or town)	Penna	<i>t</i>	Name of operation),	
15. MAIOEN NAME Agnes I	Hennord		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIOEN NAME Agres I	Penna.	•	Accident, suicide, or homicide? Date of injury, 19		
∑ (State or country)			Where did Injury occur?		
17. INFORMANT Walter C. Lon (Address) Jones Cree			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury		
Place Harrishurg, Pa,	Dele Tet	11 ,1936	Nature of injury		
19. UNOERTAKER Seonge W. J. (Address) /37 E, Edit	ikler ei St.		24. Wes disease or injury In any wey releted to occupation of deceased?		
20, FILED 18 8 TT, 1936 91 7	Winn	Registrar.	(Signed) James & Eldred (Address) Symmetry Paral	Ka M. D.	
If more b	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

N. B.

mation should be car -WRITE PLAINLY

CAUSE OF DE TION is very

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN	V

1. PLACE OF DEATH

state UPA. infor-WITH UNFADING INK-THIS IS A PERMANENT RECORD. -WRITE

MARGIN RESERVED FOR BINDING,

OCC	County Baltimore	Registration Dist. No. 31			
sh		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)			
PHYSICIANS ect statement	2. FULL NAME John blaseuce Tove (a) Residence: No. Melanchtonale: Suttlem (Usual place of abode)	os. ds. How long In U.S. if of foreign birth? yrs. mos. ds OSX- Ward. If nonresident give city or town and State			
act PF	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
CY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Marvied	21. DATE OF DEATH 9, 193 6 (Month) (Dev) (Year)			
A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nova E. Lovell	22. I HEREBY CERTIFY, Thet I ettended deceesed from 19			
stated EX properly cl certificate.	6. DATE OF BIRTH (month, day, end year) Sept 20, 1881 7. AGE Yeers Months Days If LESS than 1 day,hrs.	i lest saw h elive on			
be of	2 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	were es follows: Date of one et 2/9/36			
supplied. AGE should n terms, so that it may ee instructions on back	work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME	Other Contributory Causes of importance:			
y sur lain to See	14. BIRTHPLACE (city or town) - Waysawa (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?			
In be car DEATH 13/ import	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. MAIDEN NAME (Maine Signature Country) 18. MAIDEN NAME (Address)	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?			
mation shou CAUSE OF TION is ver	18. BURIAL, CREMATION, OB, REMOVAL PIECE DELA BURIA , May Date Field 11, 1936	Menner of injury			
mation CAUS TION	19. UNDERTAKER LA SOLITA STEPPEN DE LA CONTRA (Addiess) 259 Monthalie, abolto, ma	24. Was disease or injury in any way related to occupetion of deceased?			
(D)	20. FILED 10 19 39 M. (Stricts Registrar. If more blanks are needed, address State Registrar.	(Signed) - A alley alle ourses a (Address) Contrage alle and			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To	be complete, 8.—The tr	an	occupation	retur	n must	state:	. 0	- TELLING	BI
	8.—The tr	ade,	profession,	or p	articula	r kind of	Mork	done.	grade with

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the cod pation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as sninger weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	\mathbf{BY}	PHYSICIAN
-----------------------------	------------	---------------	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city or town where daeth occurred How long in U.S. if of foreign birth? (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) melle BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY. That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months If LESS than to have occurred on the date stated above, at. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance b or min. Date of enset 8. Trade, profession, or particular TION MARGIN RESERVED kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnous OCCUPA 10. Date deceased last worked at this occupation (month and 11. Total time (years) spant in this instructions occupation _____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of oparation___

FATHER

(State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town (State or country)

(Address)

What test confirmed diagnosis?_____ Was there an autopsy?.

23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:

Where did Injury occur?_

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Mannar of injury Nature of injury.

24. Was disease or injury In any way related to occupation of deceasad? If so, specify

(Addrass)

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

carefully

important.

OF

CAUSE LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "wo

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAD 8 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitiol ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MARTALL V. S.	July 5,1927	Peritonitis	3 days ago
	in the second second second			
Other contributory	causes of importance:		Other contributory causes of importance:	
		May 1,1923	Gastroenteritis	1 year
			ā	

1.	PLACE OF DEATH				93-C	** Registration Dis	et No. 44	1
/	Village or City Middle Rive			No. Bird	pital or institution	Road	St.,	Ward
/	Length of residence in city or town where death	occurred4_	D_yrs,mos.	ds. How lon	g in U.S. if of fo	oreign birth?	yrsm	osds.
2	FULL NAME Friederick	ca L. J	Magsamen	If U.S. Vet	teran specify	WAR X	*proph g	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(a) Residence: No. Bird Rive			St.,Wa	ord	If nonresident six	e city or town and	State
entone	PERSONAL AND STATISTICA	(Usual place o		MED	DICAL CEI	RTIFICATE O		Mate
3. S	EX 4. COLOR OR RACE 5.	SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF I	DEATH ebruary			193 6
-	emale White	Wido	wed			(Month)	(Day)	(Year)
Ja.	HUSBAND of Charles H.	Magaai	men	22. 1 HE	REBY	CERTIEY.	That I attended	deceased from
6. I	ATE OF BIRTH (month, day, and year) June	e 2, 1	355	I last saw h	alive on	207 3		.; death Is said
7. A	GE Years Months	Days	If LESS than I day,hrs.	to have occurred on t				
	80 8	2	ormin.	The PRINCIPAL CAU were as foilows:	JSE OF DEATH	and related causes	of importance	Date of onaet
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home			Ceret	Scal	Helle	orting	
PAT	9. Industry or business in which work was done, as SILK MILL,				I			
OCCUPATION	10. Date deceased last worked at this occupation (month and	11. Total tin	t in this	Chronic my	scanditu	a. Dura	tion : turn	2014.
12.	BIRTHPLACE (city or town) (State or country) Germany	0000	pation	Other Contributory	Causes of Import	ance: O(rester	
ER	13. NAME Henry Miller						ans.	
FATHER	14. BIRTHPLACE (city or town)			Name of operation What test confirmed				
HER	15. MAIDEN NAME UNKNOWN			23. If death was due to				
MOTH	16. BIRTHPLACE (city or town) (State or country) German	y		Accident, suicide, or Where did injury occ	homicide?	Da		
17.	INFORMANT Mr. Fred Mags	amen	ddle Riv	Specify whether Inju		(Specify city or to	wn, county and Sta E, or in PUBLIC PL	
18.	BURIAL, CREMATION, OR REMOVAL Place Zion Luth.Cem		. 7 ,19 36	Manner of Injury Nature of Injury				
19.	UNDERTAKER Frederich La (Address) 7401 Belair	Road	slow	24. Was disease or In	jury In any way	related to occupati	on of deceased?	
20,	FILED Feb 5, 19.26 John	8	Registrar.		3)			M. D.
	If more blan	ks are needed, a	ddress State Registrar,	2411 N. Charles Street,	Baltimore, Requ	uesting U. S. No. z.	•	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FILERAU V. S.			
Other contributory causes of importance:	nest.j	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH 14	20
1. PLACE OF DEATH		(83)	UU
County Balturose		Registration Dist. No.	30
Village or City Africa	Grane Haspital	No. Catausville . A.A. St., if death occurred in a hospital or institution, give its NAME instead of street	Ward
Length of residence in city or town where	deeth occurredyrs,7mos	. 23 ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME James	mauring	If U. S. Veteran, specify WAR	
(a) Residence: (No. 12046	Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE Wale 7 Phili	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 <u>6</u> (Yeer)
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Theresa	Tyler	July 22 1935 to Feb 14	ded deceased from
S. DATE OF BIRTH (month, day, and year)	CAT 15- 1895	I last saw h sau alive on Feb 14 195	6; daath is sal
AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:0 .m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER,		Ceylkral Hemarshage	Date of one at
SAWYER, BDOKKEEPER, etc	1 . 0		
work was done, as SILK MILL SAW MILL, BANK, etc.	ut Metal Prances		
10. Date deceased last worked et this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Dthey Contributory Causes of importance:	
2. BfRTHPLACE (city or town) 2 Club (State or country) 2 Ma	ryland.	General Pareris	1933
13. NAME Williame	mamin.		
14. BIRTHPLACE (city or town) Par	manlosina	Name of operation Data Data	0.5
(State or country)		What test confirmed diagnosis Amptous F. Alphos there	an autopsy2
15. MAIDEN NAME Clara	Maring	23. If death was due to external causes (VIOL ENCE) fill In also the folio	
16. BIRTHPLACE (city or town)	therese	Accident, suicida, or homicide?	
(State or country)	caryland.	Where did Injury occur? (Specify city or town, county and	State)
(Addrass) 1204 Kusane	Marineg mathe	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION OR REMOVAD Play Sew Chelhedra	Date Fel 18 , 1936	Manner of injury Name	
19. UNDERTAKER (Address)	Level Class.	24. Wes disease or injury in any way ralated to occupation of deceased If so, specify	no
20 FILED Fel 15, 19-56 Tu	aufall B West Registrar.	(Signed alas N. Weltwer, (Address Hring Gran Hasp. Car	ausville.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
200				
Other contributory causes of importance:	*	Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
The second secon				
	1			

V. S. No. 1.

	PLACE OF DEATH unty Baltimore lage or City Sollers Point (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and comber.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Se DI	MARRIED, Single) Manuale White Marrie the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from the property of that I last saw half allow on the date stated above, at 3 and that desth occurred on the date stated above, at 3 and The GAUSE OF DEATH* was as follows:
(a) pai (b) bus whi	CCUPATION) Trade, profession, or At Thomas ricular kind of work At Thomas illness, or establishment in 10ch employed (or employer) IRTHPLACE (State or country) Ballinnore City	Contributory Gangrene (intertinal) (Buration) yrs mos 8 (Buration) yrs mos 2
PARENTS	10 NAME OF FATHER Nerman Martini 11 BIRTHPLACE OF FATHER (State or country) Baltimore City 12 MAIDEN NAME OF MOTHER Catherine 13 BIRTHPLACE OF MOTHER (State or country) Lerrange and the state of country)	*State the Disease Causing Death, or, in deaths from Viole: Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. 16 Length of Residents At place of death yrs. mos. ds. State yrs. mos.
14 T	(Informant) Systav Martine. (Address Sollers Pt md. ed H4/36,191 Mlassessan REGISTRAR	Where was disease contracted, If not at place of death? Former or OSUAL TESIDENCE. 19 PLACE OF BURIAL OR REMOVAL Mt Carmel - Balto Feb 17, 193. 20 UNDERTAKER Leonal Ruth 1735 Harfyr

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, ctc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1435

1	. PLACE OF DEA	TH			930	ν	25
	County Balti	more				Registration Dist. No	90
	Village or CityT	owson			No.331 Ridge	Ave. nr. Hil	lsen Rd Ward
	Langth of rasidence in c	ity or town whare d	eath occurred		death occurred in a hospital or institu		
	. FULL NAME	Mary F.	McCorr	mick	If U.S. Veteran specif	fy WAR	
	(a) Residence: No.				St. Ward.	X	
	(a) Residence. No	OOL MAG	(Usual place		Ouj	If nonresident give city or	town and State
	PERSONAL AN	ID STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DE	EATH
		or or race	5. SINGLE, MAR OR DIVORCE Sin	RIED, WIDOWED, D (write the word) gle	21. DATE OF DEATH Febru	ary 7th	, 193_6
5a.	If marriad, widowed, or dive	orcad				(,	
	(or) WIFE of				22. IHEREBY	CERTIFY, That I	
	DATE OF BIRTH (Me	ar. 4.	1865	Plast saw h_ea aliva on		. 19.3.6 : daath is said
-	DATE OF BIRTH (month, da AGE Yaars	Months	Days	If LESS than	to have occurred on the data state		,
	70	11	3	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT ware as follows:	TH and related causes of import	
-				1 01	Male 92 tollow?		Data of onset
OCCURATION	8. Trade, profassion, or p kind of work done SAWYER, BOOKKE	, as SPINNER, A	t Home		Coronary To	hrombosis	Jan-1936
	9. Industry or businass i work was done, as	SILK MILL.			1		
2	SAW MILL, BANK, 10. Date dacaased last wo		11 Total t	tima (yaars)	- V		
Ŏ	this occupation (mo	onth and	spe	ntin this			
	BIRTHPLACE (city or town	Polto	Co		Other Contributory Causes of Impo		1933
12	(State or country))DQ_I_UU.	Md.		ryouraum	(Chiosas)	1/03
ER	13. NAME Willi	am McCo	rmick		<i>U</i>	₩	7
FATHER	14. BIRTHPLACE (city or t				Name of operation		Data of
F	(Stata or country)		Md.		What test confirmed diagnosis?	Was	there an autopsy?
ER	15. MAIDEN NAME J	ane Cra	ig		23. If daath was due to external car	uses (VIOLENCE) fill in also the	e following:
MOTHER	16. BIRTHPLACE (city or t	own) Balt	o. Co.		Accident, suicide, or homicide?	Data of inju	ry,19
Σ	(State or country)		Md.		Whara did Injury occur?	(Specify city or town, coun	tra and State)
17	INFORMANT Mrs. (Addrass) Ride	Tipton	& Hille	n Road	Specify whether injury occurred in	in INDUSTRY, in HOME, or In P	UBLIC PLACE.
18	BURIAL, CREMATION, OR	REMOVAL			Manner of injury		
	Place Parkwo	od	Date Feb.	. 10 ,19 36	Nature of injury		
19	UNDERTAKER Tred (Address) 74	neck La	rasalw Ir Road	who	24. Was disease or injury in agy w	vey related to occupation of dec	eased? 200
20	FILED 2/9	1836 (P.M.C	Balou) Registrar.	(Signed) Chrim (Addrass) 70 3	1 B. Mall	aceM.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAN U	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FATHER

(State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(Stata or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

17. INFORMANT

Nature of injury.

Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Manner of injury

Where did injury occur? ...

(Address) ____

23. If death was due to external causes (VIOLENCE) fill In also the following:

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

(Specify city or town, county and State)

What test confirmed diagnosis? We are

Accidant, suicide, or homicide?_____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

efully d

E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of unportance	1	Other contributory causes of importance:	
Gallstones 834	May 1,1923		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	1437
DEATH	

1. PLACE OF DEATH		(82°a)
County Baltin an	•••••	Registration Dist. No.
Village or City Woodlaw		NoSt.,Wa
Length of residence in city or town where death	/V	f death occurred in a hospital or institution, give its NAME instead of street and number)
	0,10.	sds. How long In U.S. if of foreign birth?yrsmos(
2. FULL NAME Theodoxica	Medinger	X = 1
(a) Residence: No. Silming	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tiemale White	OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced		
(or) WIFE of William M	redurace	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (SALE)	17 1066	10 11 - 26 MILL
DATE OF BIRTH (month, dey, end year)	Days If LESS than	to have occurred on the date stated ebove, at 230 m.
66 10	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or perticular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	home	1/10
9. Industry or business in which work was done, as SILK MILL,		36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ID. Date deceased last worked at this occuration (month and	11, Total time (years)	
this occupetion (month and year)	spent in this	
The state of the s		Other Contributory Canses of importence:
2. BIRTHPLACE (city or town) (State or country)	u ster.	- 6 2 K - 0 K
13. NAME Partura Hall	Person	1120 all runowhat
13. NAME offer boals	W-10-5	None of suspelling
(State or country)	***********************	Name of operation Dete of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Stub 16. BIRTHPLACE (city or town)	blefield.	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury 19
(State or country)		Where did injury occur?
7. INFORMANT M. Verman M	edmier	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Silvere	2vc	
8. BURIAL, CREMATION, OR REMOVAL	DAIN AL	Manner of Injury
Place Oak Danier D	ite / - 1975	Nature of injury
9. UNDERTAKER of Sander	Laus due	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1710 There A	4	If so, specify
0, FILED 19. 19.5	Sulven	(Signed) Tho Ja Twa Mail M.
/ / 4/.	Registrar.	(Address) 160 0 landers willel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RESERVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 18 P.R. 3 2336	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.	>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIE	ICATE	OF	DEATH
SIAIL	OI	MIVITIE	עוות	CLIVIII	TONIE		DEAT

1. PLACE OF DEATH	1438
County Baltimore	Registration Dist. No. 4-3
/ Village or City Raspeburg (If	No. Clayton Ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Mildred Meinl	If U.S. Veteran specify WAR
(a) Residence: No. Clayton Ave. Raspeburg	S. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH February 1st, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AlbertJMeinl	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end year) June 20, 1898. 7. AGE Years Months Deys tf LESS than 1 day,hrs. orhrs.	I last saw h. er alive on February 1, 1936; death is said to have occurred on the date stated above, et. 8:45 Am. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business tn which work was done, as SILK MILL, helper SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and Oct. 1955 spent in this 14 yrs. occupation.	Uterine Hemorrhage Jan.31st
12. BIRTHPLACE (city or town) England	Other Coutributory Causes of Importance:
(State or country)	Self-induced abortion.
13. NAME John Edward Harris 14. BIRTHPLACE (city or town) England	Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy? NO
15. MATDEN NAME Margaret Telford 16. BIRTHPLACE (city or town) (State or country) England 17. INFORMANT Mr. Harris, (Address) 1.316 Poplar Grove St. 18. BURKAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Feb. 4, 19.36	23. If death wes due to externel ceuses (VIOLENCE) fit! In also the following: Acctdent, sulcide, or homicide?
19. UNDERTAKER Frederick Fassahov for (Address) 7401 Belair Road 20. FILED 2/2 , 1936 D. A. Fuly M.D. Registrar.	24. Was disease or injury in any way retated to occupation of deceased? If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	1, 1, 5, 1927	Perilonitis	3 days ago
Other contributors are a fine			
Other contributory causes of importance	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

COMD. Every item of infor-

BINDING

RESERVED

MARGIN

OCCUPA-

plnods SICIANS pluods may on that instructions plain important. ü DEATH pe plnods OF CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. / 9 St. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (writesthe word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of ERTIFY That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than to have occurred on the date stated above, at M 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... NO CUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation _ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation__ (State or countre) What test confirmed diagnosis?_ ----- Was there en eutopsy? OTHER 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Address) -> Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	infor-	state	UPA-
	Jo	pli	00
	item	shor	o jo
	MANENT RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-
	Q.	YS	sta
	RECE	PH	Xact
	F	×	
NDING	IANEN	XACTLY.	lassified.
Z	1	56	-

IS A PER properly c See instructions on back of certificate. stated E pe AGE should be in terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, CAUSE OF DEATH TION is very impor E I

MARGIN RESERVED FOR BI

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 440	
1. PLACE OF DEATH	(82-70)	
County Baltmore	Registration Dist. No. 37	
Village or City Spails	NoSt.,	Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and no	imber)
Length of residence in city or town where daath occurred_LLO_yrsmos.	ds. How long in U.S. if of foreign birth?yrsmor	ds.
2. FULL NAME Helest a mosky	If U.S. Veteran specify WAR.	
(a) Residence: No. Soular med	St. Ward.	
(d) nestuence. No. (Usua place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	6
Mule Colored Single	(Month) (Day)	(Year)
5a. If marriad, widowad, or divorcad HUSBAND of		,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended d	aceasad from
6. DATE OF BIRTH (month, day, and year) Mov. 6. 1877	Mast saw h And aliva on Park // 1986	death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. am.	
5-8 2 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causas of importance	
	were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	General asterietreis	V
9 Industry or husiness in which		
work was done, as SILK MILL, SAW MILL, BANK, atc		
10. Date dacassed last worked at this occupation (month and spent in this		
yaar) occupation	Other Contributory Causes of Importance;	
12, BIRTHPLACE (city or town) / Juginia	Other Condition of Cases of Importance.	
(State or country)	unbral Amorphage	110
13. NAME Robert Mushy		
I A BIDTUDI ACE (situ es tours)	Name of operation Date of	
(State or country)	What tast confirmed diagnosis? Classical Was there an au	stoney? Say
15. MAIDEN NAME	23. If daath was due to external causes (VIOLENCE) fill in also tha following:	
i and in the	Accidant, suicida, or homicide? Date of injury	
O I6. BIRTHPLACE (city or town) (State or country)		, 19
91 - 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Merry	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	CE.
(Addrass) Sgarles, reco		
Place Sparles, med Data 9-et 16, 1936	Mannar of injury	
	Nature of Injury	
19. UNDERTAKER Wan C Brooks of Sm	24. Was disaase or Injury in any way related to occupation of daceased? 2	20
(Addrass) Sparles, med	If so, spacify	
20 51150 February 15 1036 Walls in I bolive to	(Signad) 1911 Multiplication	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 11 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1441
1. PLACE OF DEATH	93-50
County Balto.	Registration Dist. No.
Village or City Owings Mills Md	No. St Ward
Langth of rasidance in city or town where death occurred 5 vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William H. Mosen	
(a) Residence: No. Dwynlook Jane	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 24 lite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 , 1950
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Carter of Control of Contr	(Month) (Day) (Year) 22. HEREBY CERTIFY That I attended deceased from
2 + 1864	1936 10 12 , 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	i last saw h_/_M alive on
7. AGE Years Months Days if LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Dete of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Myreagelitis
9. Industry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc	(Colorne)
11. Total tima (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Fridrick Co (State or country)	Other Contributory Causes of Importanca:
	La Sujeje
14. BIRTHPLACE (city or town) Fredrich Co	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Junknown 16. BIRTHPLACE (city or town) Freduck Co	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) freducts to	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) 17. INFORMANT Black Moses 17. INFORMANT	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ouring Mills Md	
18. BURIAL, CREMATION, OR REMOVEL Place Drund Ridge Data Feb 15, 1936	Mannar of injury
19. UNDERTAKER Studenton of Long (Address) Mustuston md.	24. Was disaasa or injury in any way related to occupation of daceasad?
20. FILED. 752 14, 1936 / Surscard Registrar.	(Signad) Mele La John M. D. (Address) See tue Jones Mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Chronic interstitial nephritis 1921 Run over by street car 1	th and related causes ws: 1 week ago 1 week ago 3 days ago
Chronic interstitial nephritis 1921 Run over by street car 1 Cerebral hemorrhage July 5, 1927 Peritonitis 3 MAR 5 1936	1 week ago
Cerebral hemorrhage July 5,1927 Peritonitis 3 MAR 5 1936	
MAR 5 1936	3 days ago
A STOTALL V S	
Other contributory causes of importance: Other contributory causes of importance:	
	f importance:
Gallstones May 1,1923 Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-RECORD. Every item of infor-Exact statement stated EXACTLY WITH UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DESTRUING in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. -WRITE PLANLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(226)
County Dalto Co.	Registration Dist. No.
Village or City Village middletow	No. St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
	s
2. FULL NAME Mary emima Oelig: (a) Residence: No. Freeland Md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) The Analy	21. DATE OF DEATH Les (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of William James Geligrath	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 9, 1855	Wast sawn lat aliva on Aula 13 - 1936; death is said
7. AGE · Years Months Days If LESS than	to have occurred on the date stated above, at 6.431 P.m.
80 // // lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
SAWYER, BOOKKEEPER, atc	Cerebral Hemorrhage
work was done, as SILK MILL.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Canses of importance:
(State or country)	- Cistino Octerosis
13. NAME Frances Henry	
13. NAME Frances Henry 14. BIRTHPLACE (city or town) Maryland	Name of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Bressler	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Myneria I furt. (Address) Freeland MA	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Much Selection Date Feb 17 , 1934	Manner of injury
19. UNDERTAKER K. n. Trabert (Addrass) Freedand md.	24. Was disaase or Injury In any way related to occupation of dacaasad?
20. FILED. J. 2. 1936 Registrar.	(Signed) & Yagle- M. (Addrass) New Freedom Pa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	L desirable	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	- A		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

M	S A PERMANENT RECORD. Every item of infor-	tated E.A.A.C.T.L.Y. PHISICIANS should state roperly classified. Exact statement of OCCUPA-	
	of	DCC and	,
	tem	of (/
	ery i	CN E	
	Ev	em CTA	
	RD.	sta	
	00/2	P'H act	
	学。	EX	
-		d. L	
Z	AN	sific	
Z	RM	class	
M	PE	rly E	ater
OR BINDING	A.	ope	rtificato
-		_	- 2

MARGIN RESERVED

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1442

1. PLACE OF DEATH	(50) × .37)
Village Dr City Quella, Mali	Registration Dist. No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign blrth?yrsmosds.
(a) Residence: ND. Wallow Rd. Culla M	If U. S. Veteran, specify WAR
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) The state of	21. DATE OF DEATH & 7 193 36 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Yoursh & Package	22. I HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	I last saw h.C.R. aliva on 2 - 7, 19.36; death is said to have occurred on the date stated above, at 10 A.m.
SAW MILL, BANK, atc. 10. Date dacasasd last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Chearles, Franço	Dither Contributory Causes of Importance: Carcusons at Brenst 8-193 with melastone to stomach and
14. BIRTHPLACE (city or town) (State or country)	Name of operation Resolved Monatestrong Date of 1934 What tast confirmed diagnosis? Resigned Was there an autopsy?
15. MAIDEN NAME Gerephysic Cultures College Country) 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide?
18. BURIAL, CHEMATION, OR REMOVAL Place Cella f Med Date 7 eh 9, 19	Manner of injury
19. UNDERTAKER 1. Nigenstarker 19. (Address) Ecopial City and	24. Was disaasa or injury in any way related to occupation of daceased? ?
20. FILED , 19-3 Registrar.	(Address) & Ellivet Gly Fond, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

and the same of th	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH 44	1/2

1. PLACE OF DEATH	CERTIFICATE OF BEATH 444
/ County Baltimorz	Registration Dist. No. 34
1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME Jacob & Palmes (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WHOWED, OR DEWORKED (write the word) Male Volute	21. DATE OF DEATH 26, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (00) MARRIED Louisy Boring Palmer	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	to have occurred on the data stated above, et 1: 4 am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Leve Level Hacenesses 4:
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Essential Insportancian. Other Contributory Causes of Importance: Carelia -
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation . Data of
15. MAIDEN NAME Elizabeth a Municipe 16. BIRTHPLACE (city or town) Mary land 17. INFORMANT May Jucob 2. Palener	23. If death was due to externel ceuses (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
FB. BURIAL, CREMATION, OR REMOVAL Place MA gran Date Feb 28, 1936	Manner of injury
19. UNDERTAKER & dev Clipton (Address) Humpstand May 20. FILED Feb. 27, 1934 Co. Co. Fronth May	24. Was disease or injury in any way related to occupation of deceased? The lift so, spacify (Signad) The Control for the M. D. D. C. Signad) M. Signad M.
Local Registrar.	(Address) A Carry of Grand, 1700

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- ite		STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state		1. PLACE OF DEATH	98:0
tem of should		/ County Dalhymou	Registration Dist. No. 30
shor of o		Village or City Calonsvelly	No. 628 aldershot lifst, Ward
AS is			death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
Every ICIANS tement	/	2. FULL NAME MANUS AM TANK	2
		(a) Residence: No. 6 2 8 What shot Old	St., Ward. Ho War Record
RECORD. PHYSI Exact state		PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
REC Exa		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
EN.	0	OR DIVORCED (write the Aford)	Feb 14 193 6
MANENT ACTLY assified.		5a. If married, widowed, or divosced HUSBAND of	(Month) (Day) (Yaar)
		(or) WIFE of Ella Jan 1256	Pelc 12 1 HEREBY CERTIFY, Thet I attanded dacaased from
C X R		6. DATE OF BIRTH (month, day, and year) and 21, 18512	I last saw h has aliva on Fel 13, 1936 death is said
A P ed	icat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4m.
IS A PE stated E properly	certificate	79 /8 B/ 10 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
ris be s	_	Trada, profassion, or particular kind of work done, as SPINNER	Hypertensive Reart disease Feb. 19:
2 14		SAWYER, BOOKKEEPER, etc.	" Lotte arteriosclerosis of
VK_T should it may		work was dona, as SILK MILL, 15 South	Primary Cause: Chronic ompresodition
)	0	11. Total time (yaars) this occupation (month and/ 9) year) year)	Duration: Not stated cure
NG I AGE that		6201	Other Contributory Causes of importance:
d. so	and .	12. BIRTHPLACE (city or found)	Typertrophy of prostate /el./9.
VF/	instru	13. NAME John H Jane	with unit title was a rion
f UNFA supplied in terms,	See i	14. BIRTHPLACE (city or town)	Name of operation. None
ITTH Illy plain	02	(State of Country)	What test confirmed diagnosis? Examination and with an autopsy! No
W Wi	ant.	15. MAIDEN NAME and Edmonds	23. If death was due to axternal causas (VIOLENCE) filt in also the following:
car TH	ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
A S A	J. W.	Capacil De (Para	Whare did Injury occur? (Specify city or town, county and State)
E ES		17. INFORMANT (Addrass) 6.28 (addustrat ad	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sh on B	Si	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place Date 1,19	Nature of injury
-WRI matio CAUS	TION	19. UNDERTAKER	24. Was disaase or injury in any way ralated to occupation of dacaasad? Vo
B.	1	(Address)	If so, specify
z (()	20. FILED 6 , 19 3 6 Begistrar.	(Signed) J. Muley Wallow M.D. (Address) 2839 Wallrook Ave.
	1		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
		1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
	(4)		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	----------------	------------	----	-----------

UTHORIZATION FILE 3-3-36 under Dr. WALLACE, changing date of birth and age of deceased.-L.



	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE DED ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA:	*
M	Jo 1	plnc	OCCI	
	item	shc	of	/
	very	ANS	nent	/
	D. E	SICI	tates	
	50	PHY	ct s	
	RE	Υ.	Exa	
ZG.	ENT	TL	ed.	
TDI	KAN	AC	assif	
BIN	PER	EX	y cl	te.
MARGIN RESERVED FOR BINDING	AI	ated	oper	TION is very important. See instructions on back of certificate.
F	SIS	e st	d a	f cer
E	LHI	q p	y be	k of
ERV	K	houle	ma	bac
ESI	Z	ES	at it	s on
23	ING	AG	o th	tion
GID	FAD	ied.	as, s	truc
AR	IND	lddn	tern	sui e
2	LH	ly SI	lain	Se
	WI	lula	in p	ant.
	LY,	car	TH	port
	AIN	the be	VEQ	Im
	PL	hour	Sec.	very
	ITE	s uc	SE	Z is
-	-WR	nati	CAU	LIOI
V. S. No. 1	B.	H	6	7
> 83	ż	,	1	1

STATE OF MARYLAND—CERTIFICATE OF DEATH)	F MARYLAND—CERTIFICATE OF DEA	ATHI 44
---	-------------------------------	---------

1. PLACE O	of Baltimore		-4-	Registration Dist. No.	+4	
Village or City Fort Howard, Maryland			(1	No. Quarters 64 B		
2. FULL NA	ME Desiree S	Parsons		If U.S. Veteran specify WAR		
	nce: No Fort Ho			St. Ward.		
(4) 1100100		(Usual place		If nonresident give city or tov	wn and State	
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	тн	
Female.	4. COLOR OR RACE White	S. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH February (Month) (Day)	, 193 6 (Yeer)	
	wad, or divorced Captain Rufus		rsons	22. I HEREBY CERTIFY, That I att		
6. DATE OF BIRTH	(month, day, and year) Feb	. 28,1894		I last saw h er aliva on Feb. 2	9 36; death is said	
7. AGE Ya	ars Months	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11.031 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importanc were as follows:	1	
kind of	8. Trade, profassion, or particular kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, atc.		Cancer of breast	May 1932		
SAW MI 10. Date dacea this occ	business in which es done, as SILK MILL, LLL, BANK, etc	ocru	me (years) It in this pation	Other Contributory Causes of importance:	Dec.193	
(State or con						
=	E (city or town) Anger		and they to prove the second of the	Laboratory	te ofNo	
15. MAIDEN N	AME Mary Elizab		esenthal	23. If daeth was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Mary Elizabeth VonRiesenthal 16. BIRTHPLACE (city or town) Marienverde, (State or country) Germany				Accident, sulcide, or homicide?		
	apt.Rufus A. Fort Howard,			(Specify city or town, county a Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBI	and State) LIC PLACE.	
18. BURIAL, CRIMATION OF REMANAL 1 Cometery Place Fort Lyer Va. Date Feb. 4 19 36		Mannar of injury				
19. UNDERTAKER (Address)	Wm. Cook Baltimore Ma	aryland M.C.	Mich M	24. Was disease or injury in any way related to occupation of dacass If so, specify (Signed) H.M.Williamson, Major, M (Address) Fort Howard, Maryland	•C • M. D.	

Copy sent to the Bureau of hanks eneeded addrew State Restrict Con N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
2/	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	V V	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED

1. PLACE OF DEATH Length of residence in city or town where death occurred (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 3 1 day, hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. of 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back it may should 11. Total time (years) spent in this 10. Date deceased last worked at See instructions on this occupation (month and that occupation _.. 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) rH in plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT mation should (Address) CAUSE OF 18. BURIAL, CREMATION, DR REMOVAL -WRITE TION is 19. UNDERTAKER (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1447

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis WAR 3 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
And the state of t			. 4	
Other contributory causes of importance:	Carlo I	Other contributory causes of importance:	34	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1 19 1 TO 1	

ECCED. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1448
County Dallinore	Registration Dist. No. 36
Village or City Catousville	No. Will House Swel Rd. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmosds,
2. FULL NAME have I total	
(a) Residence: No. Catorumly med.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR ON RACK 5. SINGLE, MARRIED, WIDOWED, ON DIVERCED (partie the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF RIRTH (month, day, and year) auc. 24 1889	I last saw Keine elive on Feb 7 1976 ; death is seld
6. DATE OF BIRTH (month, day, and years) 7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, at .3.10-12-m.
4 14 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:
Z 8. Trade, profassion, or particular kind of work dona, as SPINNER,	Carlin - Reval Osselos 244
SAWYER, BOOKKEEPER, etc	Cardia - Renal Coasulos 149.
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and / spant in this /	
year) occupation / G. T.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or equatry)	
13. NAME hailes W. Patto.	
13. NAME Nauly W. Tallo	Name of operation
(State of County)	What tast confirmed diegnosis? Plysial Was there an autopsy?
15. MAIDEN NAME AND 16. BIRTHPLACE (city or town)	23. If death was due to extarnel ceuses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (1.3.3 Daisy Colors (Address) Frederick Rd Calorentle	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL EREMATION, OR REMOVAL Harken Ferry W. U	Mannar of injury
Della Mary Mary Sato + N. 11 / 19 3 (Nature of injury
19. UNDERTAKER Caston Sous (Address) Ellicaty Celi	24. Was disaase or injury in any way related to occupation of daceased?
20. FILED Feb 10, 1936 Marshall Blorist Registrar.	(Signad) Marshall B West, M. D. (Address) Calannelle Med
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	F1 ()	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 3 1936	July 5, 1927	Peritonitis	3 days ago
	BURLAU V. S.	1		
Other contributory	auses of importance:		Other contributory causes of importance:	The single
Gallstones	(A Les Lewis Control	May 1,1923	Gastroenteritis	1 year

	infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	·	1. PLACE OF DEATH	23) 02 33
/	n of i	County Baltimore	Registration Dist. No.
1	shor of 0	Village or City LUBOWOOD SANATORIUM, TOWSON, CIT	MNo. St., Ward death-occurred in a hospital or institution, give its NAME instead of street and number)
ソ	· 10 · ·	Length of residence in city or town where death occurredyrs2mos.	14
	Every CIAN: tement	2. FULL NAME Kichard Smith I'm	the mota yar Vileran
and t	ND. YSI stat	(a) Residence: No. 924 W. Baltimon	St., Ward. Ballinau
	CORD. PHYSI ict stat	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RECC . PF Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
r.h.	L Y	Male Mute Marcel (write the word)	Howary 20, 193 6 (Month) (Day) (Year)
IN I	A C T assified	5a. If married, widowed, or divorced HUSBAND of	(1007)
Ē		(or) WIFE of Willie I rather	1 HEREBY CERTIFY. That I attended deceased from 12 1935 to Furnam 20 103/2
BIND	ER X E X Cl	6. DATE OF BIRTH (month, day, and year) May 14 1868	I last saw h un alive on February 20, 1936; death is said
22	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at $7.19P_{m}$.
FO	IS A stated proper ertifica	67 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	be be lof c	8. Trade, profession, or particular kind of work done, as SPINNER, Stuff Cleaner.	7 0 0
VE	#	SAWTER, DOURNELTER, BC.	1 William / Wounder (ingus
ER	should it may n back	9. Industry or business in which work was done, as SILK MILL, Culy of Ballimon. SAW MILL, BANK, etc	01/10
RESERVED	1 m 1 0	10. Date deceased last worked at this occupation month and 1935	
PH.	NFADING I oplied. AGE erms, so that instructions	11200 - 1	Other Contributory Causes of Importance:
MARGIN	d. d.	12. BIRTHPLACE (city or town) Washington (State or country)	
RG	UNFA supplied n terms, ee instru	13. NAME Richard Prather	
MA	D 1 2 9	13. NAME Richard Prather 14. BIRTHPLACE (city or town) May level,	Name of operation Date of
	E in it	(State of country)	What test confirmed diagnosis? X: Ray Was there an autopsy? M.
1	LALY, W. be carefu EATH in i	15. MAIDEN NAME Henrietta Smite	23. If death was due to external causes (VIOLENCE) fill In also the following:
	car car l'H	16. BIRTHPLACE (city or town) Mayland. (State or country)	Accident, suicide, or homicide?
		Hospital Records Personal History	(Specify city or town, county and State)
	E PLA should OF D	Rud CHARGO Sanatorium, Towson, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place Place 19 19 19 19 19 19 19 19 19 19 19 19 19	Nature of injury
-	-WRI mation CAUS TION	19. UNDERTAKER John Horran 8 30	24. Was disease or injury In any way related to occupation of deceased?
No.	B.	(Aggress) 401 society se colomic	If so, specify
. S	z)	20. Free M 21 , 18 & M. Registrar.	(Signed) M. D. (Address) Towson, Md.
			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		1/ 1/	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
* * rau V, S.			H IIII/e
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			×. 4

	te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 14511
M	ould state	1. PLACE OF DEATH	(3) ×
(IVI	of ild CC	/ County Ballo	Registration Dist. No. 30
	should of OCC	Village or City Just allow	No. Windson Terrace St., Ward
	S		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ED. Every FSICIANS statement	2. FULL NAME Wertle & Price	
		(a) Residence: No. Windson Terrace	St. Ward.
	ECORD. Every PHYSICIAN fact statement	(Usual place of abode)	If nonresident give city or town and State
	EC. P.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Ľ×#	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (vortex be word)	21. DATE OF DEATH Tiel 13 193 6
D.	TT Ed.	5a/If married, widowed, or divorced	(Month) (Day) (Yeer)
BINDIN	AN C Ssifi	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
Z	ERM. EXA	Garra G. Mile	1954, to File /3 , 1936
<u>B</u>	PE E	7. AGE Years Months Days If LESS than	I last saw h alive on, 19.5 .; death Is sald to have occurred on the date stated above, et m,
OR	IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(Sta sta pro ceri	8. Trede, profession, or particular	were es follows: Outs el onset Outs el onset Outs el onset Outs el onset
VED	HIS be be of	O Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
37	fould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESER	INK-sho	10. Date deceased last worked at this occupation (month and spant in this	
阅		this occupation (month and spant in this year) occupation	- Chra
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Ballinson	Other Coutributory Causes of importance:
E	AD ed.	(State or country)	accept 11
ARGIN		13. NAME Welliam H. Hellary 14. BIRTHPLACE (city or town) Balling The	
×	H - 70	14. BIRTHPLACE (city or town)	Name of operation Date of
	Tied .		What test confirmed diagnosis?
	INLY, William be crefu ExTr in important.	= 0.415	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
	A SE S	16. BIRTHPLACE (city or town) (State or couplry)	Where did injury occur?
		17. INFORMANT Habrey & Mice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	E PLA should OF D	(Address) Utul Alor Mirrall Wood au	<u>e</u>
	T T 1000	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	-WRITE mation s CAUSE TION is	Place WUD Alautic Oate of 1 196, 19	Nature of injury
	LW CA	19. UNOERTAKER FREDERICK CO. L. J.	24. Was disease or injury in any way related to occupation of deceased?
S. No.	B	(Address) /200 (a) Louisett A.	If so, specify (Signed) M. D.
>	ż	20. FILEO 19 Registrar.	(Address) 4509 Rebect Hote
		If more blanks at meeting pour le de le Registrar,	24xx N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follow	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 3 193	1916	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 27	c 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	EUKEAU "	July 5, 1927	Peritonitis	3 days ago	
	Control of the state of the sta				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenterilis	1 year	

1. PLACE OF DEATH	51.0
County Balta	Registration Dist. No. 33
a. tet mi	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME homas Cawlings (a) Residence: No. 3.3 4 Main 14 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Office Office OR Divorced	21. DATE OF DEATH 726. (5 193 6 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary L. Rawlings	22. I HEREBY CERTIFY, Thet I attanded deceased fro
6. DATE OF BIRTH (month, day, and year) Dec 7 1853	I last saw h. aliva on 766 13 ,1936; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the dato stated above, at \(\sigma \) = m.
82 2 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Landow In High	
SAWYER, BOUKKEEPER, etc.	Carcon on a Stanta 23
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Q Date decesed last worked et this occupation (month and spant in this	
year) occupation	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Balto. Cuty	
(State or country) E 13. NAME Hilliam PRawlings	
14. BIRTHPLACE (city or town) Salto Tury (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary . Statts 16. BIRTHPLACE (city or town) Ballio. City	23. If death was due to extarnal causas (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
Family D.	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mann vanings (Address) Rustinstown Md	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managerial
Place all Saints Data Feb 18 1936	Manner of injury
19. UNDERTAKER & Fleling Stones (Address) Pristrotion Mid	24. Wes disease or Injury In any way related to occupetion of deceased?
20. FILEO. 7 26. 17, 1936 PTONSSOR	(Signed) W. 270. Slasty M. (Address) Alexa level 222 222

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

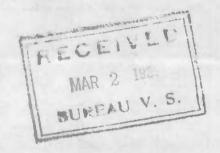
Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

No. 1

	PLACE OF DEATH	STATE OF MARYLAND
/	County Ballinge	CERTIFICATE OF DEATH
	2 10 +	Registration Dist. No. +3
÷	Village or City Tullerlen (No.	St.: Ward) (If death occurred in a hospital or institu
rtificat	2FULL NAME Mary Elizabeth	Teuchert & tion, give its NAME in stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR ORIR CE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the weed)	16 DATE OF DEATH Pol 28 , 1926 (Month) (Day) (Year)
d no	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
lons	(Month) (Day) (Year)	that I last saw handlive only , 192
struct	7 AGE If LESS than day hrs. day hrs. de. or min.	and that death occured on the date stated above, at
See in	B OCCUPATION lirade, profession or	Cardis-Renal Insuffrie
nt.	(b) General nature of industry basiness, or establishment in	Orimony Canses Cardiac insufficiency
mporta	9 BIRTHPLACE	Contributory Ordeniansclerosis.
	(State or country) Perry Hell.	(Durstion) yrsc mosds
very	10 NAME OF FATHER John Walter	(Signed) M. D
ON is	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether
AT	12 MAIDEN NAME OF MOTHER Lambi	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
COUP	13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place In the of death yrs
Ö	(State or country) And Kutha	Where was disease contracted, if not at place of death?
0	(Informant) Stable To THE BEST OF MY KNOWLEDGE	Former or usual residence
rem	(Address) 242 S. Carebla A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
sta	15 Filed 2/29 19136 Js. a. Fry M. D.	20 UNDERTAKER FULLOW ADDRESS 740183 law Rd
T	If more bianks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1452 STATE OF MARYLAND



STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	Baltimore	2		Registration Dist. No. 42	
	atonsvil	le			
Village of City			Z (I	NoSt.,Ward depth of institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	
			yrsmo	sds. How long in U.S.if of foreign birth?yrsmos	
2. FULL NAME.	MINE BILLS	anat Da		If U.S. Veteran specify WAR.	
(a) Residence: No	mercon 2	(Usual plac	e of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	lor or RACE White	S. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jel. 3 (Day) (Yaar)	
5a. If married, widowed, or of HUSBAND of	livorced				
(or) WIFE of			A STATE OF	22. JI HEREBY CERTIFY, That i attended deceased from	
6. DATE OF BIRTH (month,	day, and year) Se	pt. 29,	1856.	i last saw h Lanalive on Pet 3 , 19 36; death is s	
7. AGE 79 Years	Months 4	Days 4	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
		1 -	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows: Date of on	
8. Trade, profession, o	r particular ne, as SPINNER, N KEEPER, etc	one		Ellenes Hanks In 193	
9. Industry or busines	s in which			Mesais Tudo cardetes 193	
SAW MILL, BAN	K, etc	1			
10. Date deceased last this occupation (month and	11. Total	tima (years) ent in this supation		
	70 - 40			Other Contributory Causes of importance:	
12. BIRTHPLACE (city or tow (State or country)				asteris - Acterosis	
13. NAME Augus		ice			
14. BIRTHPLACE (city o	r town)	ton,		Name of operation	
1 (State of country	'/			What test confirmed diagnosis?	
15. MAIDEN NAMES		ton,		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city o	1 (01111/1000000000000000000000000000000			Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
Mr. 17. INFORMANT 2 Ho (Address) 2 Ho	F1 . A . 51	ce,	onsville.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION OF Place	R REMOVAL			Manner of injury	
Place Place	oudon Pa	rk reb	· 5, 19 36	Nature of injury	
19. UNDERTAKER - 7	vry 8	V. Wif	ble	24. Was disease or injury in any way related to occupation of deceased? 240	
(Address) 4101	Edmond s	on Ave		If so, specify	
// A	1/1/1	A 1/		(Signed) Warson - N	

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	ampicor
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LINE BEREAU V. S.			
		v	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1.1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1330	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	Ш		
Other contributory causes of importance:		Other contributory causes of importance:	May III
Gallstones	May 1,1923	Gastroenteritis	1 year ;
			1
			L I S L L L L L

1450

1. PLACE OF DEATH	93-6
County Dattenine	Registration Dist. No.
Village or City Flanous Court, Med.	No. St Word
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
(0) () . ()	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Udam Liebold	P 11 3 C3X-
(a) Residence: No. 1212 - 62 ha theet. (Usual place of abode)	St., Ward. Pasplerg, Med.
PERSONAL AND STATISTICAL PARTICULARS	Af nonresident sive city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Mala Me - OR DIVORCED (write the word)	Thebrusy 3 rd 193 6
5a. If married, widowed, or divorced Mary Richald	(Month) (Day) (Year)
HUSBAND of (or) WHTE of	22. HE-REBY CERTIFY, Thet/ attended deceased from
TO TOUR MA	Investigated and found Capere
6. DATE OF BIRTH (month, day, and year)	I lest saw h give on for the toll for 19; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 21 30 Pm.
40 41 6 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Blacksometh helpe.	Date of onset
SAWYER, BOOKKEEPER, etc. Whatsameth water	Mrome Myocardelis
work was dona, as SILK MILL Sethlehen Week Co.	J
10. Data deceased last worked et 2 3 3/ 11. Totel time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Saltucore, Md	Other Contributory Causes of importence:
(State or county)	
13. NAME Louis & Riebold	
13. NAME Lowb Mebold 14. BIRTHPLACE (city or town) France	Name of acception
(State or country)	Neme of operation
15. MAIDEN NAME Mary Junnery	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Jummerman 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury 2/3/3/49
(State or country)	Where did injury occur?
17. INFORMANT MA Ri bold	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 1212 62 nd St	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Thru Ludlemen Date de 1936	Natura of injury
19. UNDERTAKER GEOGRAPHICA COMPANY TO STATE OF THE STATE	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1750 Day one Cuthanic	If so, specify A. A. A. A.
20. FILED FILL 4 1936 4 Melonier 1	(Signed) Huny Il. Alma, Rouer MD
Registrar.	(Address) Jannie Frint, Mid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s	1		

V. S. No. 1

ż

STATE OF MARYLAND—				CERTIFICA	TE O	F DEA	TH 145	6	
1. PLACE OF DEATH				15-6	X	4	-, -		
County Baltimore					Registration D	ist. No.	4		
Village or C	ity Spa	arrows	Point	L	No. North	n Poir	it Road	St.,_	Ward
Length of resi	dence in city of	or town where o	teath occurred		death occurred in a horpita				
2 FILL NA	Mr Her	arv J.	Riemens	chneider	If U.S. Vetera	an specify W	/AR	ghorn dedenous sores r	a = 0 = 4 = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2
			oint Ros		St., Ward.				
(a) Residen	ice. No. Als	X4411	(Usual place of	f abode)	Ju	•	If nonresident g	ive city or town a	and State
PERSON	IAL AND	STATIST	ICAL PARTIC	CULARS	MEDIC	CAL CER	TIFICATE	OF DEATH	
3. SEX	4. COLOR O	or race		tied, WidoWed, (write the word)	21. DATE OF DE	bruary	25th	(Day)	, 1936
5a. If marriad, widow HUSBAND of	red, or divorca	d							
(or) WIFE of	Mar	y Mue	ller		22. HEF		32 to -		led deceased from
6. DATE OF BIRTH	(month day as	nd veer) S	ept. 8,	1855	I last saw h ali	-	nd 26°	Z	death is said
7. AGE Year	-	Months	Days	If LESS than	to have occurred on the	data statad ab	ova, at 7 P		
8	0	5	17	1 day,hrs.	The PRINCIPAL CAUSE ware as follows:	OF DEATH a	nd ralated cause:	of Importance	1 5
Z 8. Trade, profe	ssion, or partic	cular			an	lever	elevos		Date of onset
SAWYER	work dona, as BOOKKEEPER	R, etc	Farmer						
9. Industry or work wa	s dona, as SILI	K MILL, Tr	uck Farr	n			30 (J. F.		
O Son. Date decass	ad last worker	f at	11. Total ti),
year)	pation (month	know	span	ma (yaars) t In this fram pation					
12. BIRTHPLACE (ci	tv or town)	Unkn	own		Other Contributory Cana	Mos C	asolate's		Jun 184
(Stata or cou		Germa	ny			0			A
13. NAME U	Inknow	n							/
13. NAME U		, Unk	nown		Name of operation			Data of	f
(Stata bi	r country)	Germa	ny		What tast confirmed dia	gnosis?		Was there a	an autopsy?
15. MAIDEN NA		known			23. If death was due to ex				
16. BIRTHPLACE	E (city or town r country)				Accident, suicide, or hor		D	ate of Injury	
(Otata of			rmany		Whara did injury occur?		(Specify city or t	own, county and	State)
V. INFORMANT Mrs. Stratmann (Address) North Point Rd.			Spacify whathar Injury of	occurred in IN	UUSIKY, IN HUN	IE, OF IN PUBLIC	PLACE.		
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury						
Placa St. Peters Cemeate Feb. 28,19 36			Natura of Injury						
19. UNDERTAKER Frederich Lassachu Lau (Address) 7401 Belair Boad			24. Was diseasa or Injury			tion of dacaasad?.			
20. FILED Lev	26 , 193	64 (A	W. Kom	Riegistrar.	(Signed) (Address)	m	100	They mode	ed Hill
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Bal	luimore, Reques	sting V. S. No.	z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR	July 5,1927	Peritonitis	3 days ago
	Charles V. B.			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				

TION is

V. S. No. 1 m ż STATE OF MARYLAND-CERTIFICATE OF DEATH

1457

1. PLACE OF DEATH	
County Ballemore.	Registration Dist. No. 3/
Village or City Harrisonville	No. I fully Rd St., Ward death occurred in a horpitation institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lucie Elis Portos	If U. S. Veteran, specify WAR
(a) Residence: No. Harrison fulle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH February 28 1936 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSDAND of (or) WIFE of PROPERTY OF STATE OF BIRTH (month, day, and year) Way 3 1860	22. 1 HEREBY CERTIFY. That I attanded decaased from felt 28 19.36 to felt 28 19.36 Ilest saw help alive on felt 28 19.36 ideath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 12-40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. Data of onsat
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spe	Tobar Jueumonia
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Coatributory Causes of importance:
13. NAME Men	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) When (Stata or country)	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT AND Prophers	23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicida?
(Addrass) Pandaelstown mg 18. BURIAL, CREMATION, OR REMOVAD Place Lind Red 2, 1936	Manner of injury
19. UNDERTAKER Heer of Some (Addrass) Systemilla Mid	24. Was disease or injury in any way related to occupation of dacaasad?
0. FILED Feb 290, 19 Wm & Martin Registrar.	(Signad) M. D. (Address) Candallus M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. STATE OF MARYLAND—CERTIFICATE OF DEATH 1458

1. PLACE OF DEATH			93-0	
/ County Baltimore	,		Registration Dist, Np. 3 o	
Village or City Sprices S			No. Catous will Med. St., death occurred in a hospital or institution, give its NAME instead of street and 7. ds. How long in U.S. If of foreign birth? yrs. m	Ward number)
2. FULL NAME John	Rodf	eld	If U. S. Veteran, specify WAR	
(a) Residence: No. Culc	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 G
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22 I HEREBY CERTIFY, That I attended	
		10-13		, 19.36
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	1906?	to have occurred on the date stated above, at Z: 14 Q:m.	; daath is said
30?	1	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Dats of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			Chronic Myocardilis	2/10/36
O Industry or business in which	wkuoce	w		-
10. Date deceased last worked at this occupation (month and yaar)	spe	ima (years) nt in this upation		-
12. BIRTHPLACE (city or town) - Turker (State or country)	own		Other Contributory Causes of importances	
13. NAME Verkus	ww/		Patient was incoherent and stufarous	
14. BIRTHPLACE (city or town) (State or country)			Name of operation	
15. MAIDEN NAME Truken	oww		23. If death was dua to external causes (VIDL ENCE) fill In also the followin	100
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? - 200 Data of injury	,19
17. INFORMANT Rucknown			Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, DR. REMOVAL Place of pring theory Margala 2/24, 1936			Manner of Injury Zeone	
19. UNDERTAKER Skawy Story State Haypulal (Address) Hastmanille med			24. Was disease or injury in any way related to occupation of decaased?	no
20, FILED 2/22, 19.36 A	le aux	her Registrar.	(Signed) Silga IV Pollmer (Address) Bring Grove Kash Cate	usville.
If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	nas.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
8 8 7 C	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

t e	STATE OF MARYLAND—	CERTIFICATE OF DEATH 150
state	1. PLACE OF DEATH	(108) V
/	County Waltimore	Registration Dist. No. 43
should of	Village or City Fulleston	No Witch Que near Belast Was Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t w	20.7	ds. How long in U. S. if of foreign birth?yrsmosds.
rStCIAN	2. FULL NAME Catherine 6. Rohe	If U.S. Veteran specify WAR
ate ate	(a) Residence: No. Fitch are.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex Ex	3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH 22 1936 (Month) (Day) (Year)
A C T I	5a. If married, widowed, or divorced	
A C ssif	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decased from
C X S	1 / with 1071	To
E ate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
stated E properly certificate	9 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be so of ce	8. Trada, profession, or particular kind of work done, as SPINNER, At School SAWYER, BOOKKEEPER, etc.	Loba breaming Fhi
ould may back	9 Industry or business in which work was done, as SILK MILL,	1936
it sha	SAW MILL, BANK, etc	
nrading 1 plied. AGE erms, so that instructions	12, BIRTHPLACE (city or town) Baltimase Co	Other Coutributory Causes of Importanca:
d. s, se	(State or country) Maryland	Wester bufferles Ft 10.
plie rm: nst	13. NAME Hombs tohe	Injocardial hisoffency po 2)
sup sin te See i	14. BIRTHPLACE (city or town) Baltingare.	Neme of operation
50 60	1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
n pl	15. MAIDEN NAME Mary on Christ	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be carefu EATH in l important	16. BIRTHPLACE (city or (own)) Boltomark Co. (State or country)	Accidant, suicide, or homicida?
AT npo	(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
A DI A	17. INFORMANT MANAGED ROPE	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Shou	18. BURIAL, CREMATION, OF BEMOVAL A OF O 31	Manner of injury
SE	Par tosepho Omed the 18 100, 1996	Nature of injury
mati CAU TIO	19. UNDERTAKER TIRCALISTOR Lassafros Jones (Address) Tuo Solais Angelone	24. Was disease or injury in any way related to occupation of deceased?
	20, FILED 2/25, 1926 Da Forts m. D.	(Signed) Edet 1 1 3 mm. D.
	Registrar. If more blanks are needed, address State Registrar.	(Address) - L. S. No. 1.
	,,	, , , , , , , , , , , , , , , , , , , ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ti i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIN AU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1460
County Balto	Registration Dist. No. 3
Village or City games -	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 19 yrsmos	
2 FILL NAME Charles Ranson Brol	a0
(a) Residence: No. gamen. Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) The size of the control of t	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced	
HUSBAND of (oc) HILLS Selby Leeds Rowland	22. I HEREBY CERTIFY That I attended deceased from
E DATE OF RIPTH (month day and year) Mary 20 1891	lest saw have elive on Fals 13 1936 death is seid
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 9 A _nn.
44 8 24 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular	were es follows: Date of onset 1430
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	artino schimin 1933
9. Industry or business in which work was done, as SILK MILL,	Countis Vorales Burel
SAW MILL, BANK, etc	Diseas 1935
yeer) occupetion	Other Coutributory Causes of importence:
(State or country)	
13. NAME Samuel Caran Rouland	
14. BIRTHPLACE (city or town) Cecil Co. M.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Y-Z
15. MAIDEN NAME Combine Tal cott Ranson	23. If deeth wes due to externel ceuses (VIDL ENCE) fill in elso the following:
(Stete or country)	Accident, suicide, or homicide?
17. INFORMANT. Mes John H. Wirle. (Address) Ghio:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Games in threety	Manner of injury
Plece St Insmas Dete FEN 10 ,1936	Neture of Injury
19. UNDERTAKER Henry W. Janknis Amol (Address) 2 Cully to + Outh and the	24. Wes disease or injury in any wey related to occupation of deceesed?
20. FILEOT eb. 14 , 1936 & 7 Milhas	(Signed) Valme V. Williams M. D. (Address) Pilles ulle. Md.
Acgustas.	(1000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAR 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Variable Annual Control of Contro	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	---------	-----	---------	------------	----	-----------

CTATE OF MADVIAND CEDTIFICATE OF DEATH stated EXACTLY. PHYSICIAMS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDING properly classified. certificate. AGE should be pe See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY, V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATHAGE
1. PLACE OF DEATH	
County Salti.	Registration Dist. No.
Village or City Backwin (#	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrs,mos	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Frank dans	le ×
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) State	21. DATE OF DEATH Feb. 27 193 6 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (a) MIFE of Posie Sample	22. / HEREBY CERTIFY That attanded decaasad from
6. DATE OF BIRTH (month, day, and year) Mel 29-1869	I last say h 222 aliva on 193 death is said
7. AGE Yaars Months Days If LESS than I day, hrs. or or min.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Date of the second seco
9. Industry or business in which Frank Work was dona, as SILK MILL, SAW MILL, BANK, atc.	Chronic Conditartilis 1935
10. Date deceased last worked at this occupation (month and year)	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Lell m Atme hactured
# 13. NAME	ma ni la si
13. NAME 14. BIRTHPLACE (city or town) lank (State or country)	Name of operation
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town). Auch construction (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Rosie Sauple (Address) Baldum Sud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tok M. E, Cemey Date Fel. I 9, 1936	Manner of injury
19. UNDERTAKER Clarent E. Cuttur. (Addrass) Fork 2nd.	24. Was disease or injury in any way ralated to occupation of dacaased?
20. FILED Feb. 29, 19 36 Walter Hammett MD. Registar.	(Signad) (Address) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 193	July 5,1927	Peritonitis	3 days ago	
	SUPERU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

of OCCUPA-

-PHYSICIANS should state RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

3. PLACE OF DEATH	//2
/ County Ballimone	Registration Dist. No. 44 2
Village or City Jacut of Length of residence in city or town where death occurred 3.0 yrs.	No. Studen & Cofficers The St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Mr. Mary Ann S (a) Residence: No. Smarn & Arhun Ga (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the total with the total way)	WED, 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tuderust Scales.	22. 1 HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS 1 dey, or	than to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 15 9 0 spent in this occupation.	Okrome bomchine as thoma 70 with aller la sio and years suply zeman
12. BIRTHPLACE (city or town) Caba Calony - (State or country) Sourt africa	Other Contributory Causes of importance: My o car Ir at far lune 2 day
13. NAME This IT. Judd - 14. BIRTHPLACE (city or town) - England. (State or country)	Name of operation Dete of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Therein Savory 16. BIRTHPLACE (city or town) Whit may - (Stete or country) Ingland.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT At Drew Scales In . (Address) 18. BURIAL, OREMATION, OR REMOVAL 18. To be a second of the second	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
19 UNDERTAKER DE DATE DE LE	Neture of injury 24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) (Address) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAR 2 193	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PI mation she

V. S. No. 1 N. B.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
DEATH		(13)		

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	130
County Baltimore	Registration Dist. No. 42
	No. 930 Leeds Avenue St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s., ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	sds. How long in U.S. It of foreign birth?yrsmosds.
2. FULL NAME Jacob S. Schell	×
(a) Residence: No. <u>930 Leeds Avenue</u> (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Narried	21. DATE OF DEATH February 13 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Elizabeth Schell 6. DATE OF BIRTH (month, day, and year) April 5. 1851	22. 1 HEREBY CERTIFY. That I attanded decessed from 1936, to 1936 and 1936 deep lisseld less sew house elive on 1936 and 1936 deep lisseld
7. AGE Yaars Months Oays If LESS than	to heve occurred on the date steted above, at 17-15m
84 /O 8 1 day,hrs.	
8. Trede, profassion, or perticular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. Foresan-Carpenter SAWYER, BOOKKEPER, etc. Foresan-Carpenter S. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Oate decaased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	the same 11th
HE 13. NAME David Schell 14. BIRTHPLACE (city or town) (State or country) Pa	Name of operation
15. MAIDEN NAME Mary high	23. If daath wes due to axternal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary high 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicida? Date of Injury, 19 Where did injury occur?
17. INFORMANT Mrs. Flizabeth Schell (Address) 930 Leeds Avenue	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place LOUDON Tark: Date 2/17, 1936	Nature of injury
19. UNDERTAKER 1: 3. Mespetal 4 Sees	24. Was disaase or injury In any way releted to occupation of daceasad?
20. FILED John 16, 1936 Geffieffer. Registrar.	(Signad) M. O. (Addrass) 2470 Oscal Ref.
10 11 11 11 11 11 11	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of douth and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
DV. Receptor.				

of infor- ould state OCCUPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1464
should	· County Baltinisse	Registration Dist. No. 30
item shor	Village or City Cataus ville, Mr. Spring	Grove Hask St., Ward
t XX	Langth of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) S. ds. How long in U.S. if of foralgn birth? 44 4 yrs. 2 mos. 2 ds.
Every MANS ement	2. FULL NAME & athonica Schueide	If U. S. Veteran, specify WAR.
TYSIII.	(a) Residence: Np. 3503 Kulson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PEC PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
DING ANEN ACTI ssifted.	5e. If marriad, widowad or divorced	22. I HEREBY CERTIFY, That I attended dacaasad from
BINDIN EXAC' y classifi	(or) WIFE of Frederick Achueider	Dec-13 1936, to Sek / 1936
BINI EX / EX / y clas	6. DATE OF BIRTH (month, day, and year) Warch 2 - 1865	I last saw her alive on Feb 1 , 1936; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the deta steted above, at 1:10 a.m.
FOR IS A stated proper	0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
- 70	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.	Cerebial Nemorrhage 1/30/36
RVE K-TF hould may back	J. Industry of Dusinass in Which	
	SAW MILL, BANK, atc Floursewell 10. Date decased lest workad at this occupation (month and specific specifi	
RESE NG INI AGE SI that it ons on	this occupation (month and spant in this occupation wear)	
Z <	12. BIRTHPLACE (city or town) Germany	Other Contributory Causes of Importanca:
MARGIN UNFADI supplied. n terms, so	(Stata or country)	Cerlosal artoria Acternais
MARGI UNFA supplied n terms, ee instru	13. NAME Casper Burke	
	13. NAME Casper Source 14. BIRTHPLACE (city or town). Germany	Nama of operation
WITH with sin plain	(State of Country)	What test confirmed diagnost ymstaus & Aigas Was thara an autopsy? Hes
E 1730	13	23. If daath was dua to axternal cadses (VIOLENCE) fill in also the following:
LINLY, be car EATH import.	16. BIRTHPLACE (city or town) — Germany (Stata or country)	Accidant, suicide, or homicide?
AINLY, id be can DEATH	17. INFORMANT Henry & Schneider (Son)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA should OF Di	(Addrass) 3503 Hudson St. Balto. Well	Spring Grane State Hard Catourolle Will
FE sh E O	Place MY Council Data File 4 1976	Mannar of injury Proxe
-WRITE mation s	Place 221 Data Place 1 196	Natura of injury
CA TIC	19. UNDERTAKER GLOVE WALLEY (Addrass) 1773 7 8 FORM	24. Was disaasa or injury in any way ralated to occupation of dacaased? "HO
B. B.	y adoll	(Signad Silas W Wellium M. P.
» z	20. FILED 1936 Registrar.	(Address Africa Grane Kasp. Calamande
	If more branks be destroy assets sigte Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	S Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	----	---------	------------	----	-----------

BINDING

RESERVED

MARGIN

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 9 1936			
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	/	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	466
1	PLACE OF					(92-0)	100
1	/ County Baltimore					Registration Dist. No. 30	
/	Village or C	ity	Woodlawn			No. Belmont Avenue St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
/	Length of resid	dence in cit	tv or town where de	ath occurred 5	5 vrs mos	death occurred in a hospital or institution, give its NAME instead of street and not be dead of street and not be death of the death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution, give its NAME instead of street and not be death occurred in a hospital or institution.	umber)
/ .							,
2	- FULL NAI				August Se		
	(a) Kesiden	ce: No	Belmont	(Usual place	of abode)	St., Ward. If nonresident give city or town and it	State
ALE DES	PERSON	AL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed Widowed		21. DATE OF DEATH February 17 (Month) (Day)	1936				
5a.	If married, widow HUSBAND of						
	(or) WIFE of	Car	oline Sei	dlich		1 HEREDICERTIFY, Thet I ettended of	19-Z
6 1	NATE OF BIRTH	month day	, and year) Sep	tember 2	3 1847	Hest sew h im elive on ACC 17 1936	: death is said
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 7.25 Pm.	
		88	4	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
NOI	8. Trada, profas kind of w SAWYER,	slon, or pa ork dona, BOOKKEE	articular as SPINNER, PER, etcR	etired F		Cersbral Hemorrhage	Data of onset
JURAT	9. Industry or work was	business in	Which SILK MILL,				1936
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35. yrs.							
12.	BIRTHPLACE (cit	v or town)				Other Contributory Causes of importance:	
	(Stata ar cour			Germany		10000	
E 30	13. NAME		E. Seidli	ch			
FATHER	14. BIRTHPLACE	(city or to	wn)			Name of operation Date of	
1	(State or	country)		Germany		What test confirmed diagnosis? Was there an ad	utopsy?
HER	15. MAIDEN NA	ME	Unkn	own		23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
MOTI	16. BIRTHPLACE		wn)	~		Accident, suicida, or homicide?Date of injury	, 19
(State of County)						Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Mrs. Gertrude Schlupsky				×	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLA	CE.	
18	(Address) BURIAL, CREMAN		nt Ave.	Woodlawn	9		
	Place Lou	don P	ark Cem.	Date Febr	uary 20 36	Manner of Injury	
-		HO	ATH	1100	10		21_
19.	(Address)	100	3 W. Balt.	imore St		24. Was disease or injury in any way related to occupation of decaased?	15
	2/	7	7	701	/	(Signed) Its I Turnfair	M. D.
20.	FILED	1-9,1	19-	- Lagra	ranka	5100 Windsor Mill Road	

If more Dates are Longed address, State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal course of death and veleted courses	_
are or onser	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
Iay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 uly 5,1927	1915 Attack of epilepsy 1921 Run over by street car uly5,1927 Peritonitis Other contributory causes of importance:

WITH UNFADING INK-THIS IS A PERMANENT RECORD. EV MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTI	AND—CERTIFICATE OF DEATH 1467
1. PLACE OF DEATH	9200
County Callinge	Registration Dist. No. 31
Village or City Herris and C	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence-in-city or town where death occurred	rsds. How long In U.S. If of foraign birth?yrsmosds.
2. FULL NAME Millie May L	for If U. S. Veteran, specify WAR
(a) Residence: No. Alexandre (Usual place of ab	V St., Ward.
PERSONAL AND STATISTICAL PARTICU	LARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (1/2)	rrice the word) full 5
5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of hus.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1871 I last saw has alive on Fals . 5 ,1836; death is said
7. AGE Years Months Days	If LESS than to have occurred on the date stated above, at 6
The second secon	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	(hionic Valralar)
SAW MILL, BANK, etc	11
10. Data deceased last worked at 182 11. Total tima ((years) - Hearf wear
this occupation (month and 93) spent in occupation	this 20 (Alt On bullatum)
1	Other Contributary Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME - Plodes	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rassu	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMAN In Skyler (Address) Pand dealing m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
7h 1	Nature of injury
19. UNDERTAKEN GRUNDEN (Address) Sykesville M	24. Was disease or injury in any way related to occupation of deceased? 120
20. FILED Feb 6 1936 Wm & Man	
If more blanks are needed addre	Registrar. (Address Landalla Course, State Registrar, 2411 N. Charles Street Bellimore, Requesting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	MAD 6 7989	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1116 00 0	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	SUFFAU V.	July 5, 1927	Perilonitis	3 days ago
Other contributory causes (of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

((M	

PHYSICIANS should state RECORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. ż

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Raltinor .	Registration Dist. No.
Village or City	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/yrsmos.	
2. FULL NAME Eliza Cook	kence x
(a) Residence: No. 484 Serman/ Vill roak (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OWORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Spence	22. THEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 4-1864	I lest sew h A alive on F. 16 16 , 19.36; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
// /3 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were es follows: Date of onset
8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Brancho-Pnemma Fol 13/4
A fidustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and yaar)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Time
13. NAME mores didiard	
13. NAME Moses Aidiard 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Oats of What test confirmed diagnosis? Clinical West there an autopsy 10
15. MAIDEN NAME Della M Mason	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sella M Mason 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ses A Spence Robinson &	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MT Carrical Date Fully 17,193	Menner of injury
19. UNDERTAKER John Willsich (Address) 200 Parleaus II	24. Was diseasa or injury in any way related to occupetion of deceased? NO
20, FILED MA 12/19 MM Carecont	(Signed) ANTILLE M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	20	Example II	
The principal cause of death and related puses of importance were as follows:	Dare at onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	19154	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentėritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICI	AN
----------------------------------	---------------------	----

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1469
1. PLACE OF DEATH County 3 selections	Registration Dist, No. 3 3
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) i. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stylend Mile Lane (a) Residence: Np. Selvend Mile Lane (Usus) place of abode)	St., Ward. Bullense If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 2 2 4 193 6 (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Bending C. Deimach	22. I HEREBY CERTIFY, That I attended deceased from , 19, to
6. DATE OF BIRTH (month, day, and year) May 14 1887	I last saw h alive on, 19; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated ebove, atm.
48 49 9 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Police Asyl. SAWYER, BDDKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Committed Leading
11. Total tima (years) this occupation (month and 72623-3) year) 12. Total tima (years) spent in this year)	Ottad,
12. BIRTHPLACE (city or town) Zund (State or country)	Dther Contributory Causes of importance:
II 13. NAME Low A. Stermonton	
14. BIRTHPLACE (city or town) 700 d	Name of operation Date ot
15. MAIDEN NAME Elizabethe Heralar	What test confirmed diagnosis?
15. MAIDEN NAME Elizabelle desalor 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mr. Lemeraldy Brother in Language	(Specify city or town, county and State) —Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Data Tab 27, 1936	Manner of injury
19. UNDERTAKER J. B. Dup pert & Son (Address) 1300 England Plane	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED Fab. 24 , 1936 JAMAL Sole) Registrar.	(Signed) L. Edward Myles Congress D. (Address) Resteration Mai

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
3				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

OCC plnods statement PHYSICIAN Exact classified. BINDIN properly HIS RESERVED plnods may back On that instructions MARGIN plain important. in OF DEATH WRITE AUSE

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY) That Vattended deceased from (or) WIFE of 8 6. DATE OF BIRTH (month, day, end year) death Is said 7. AGE Months If LESS than Years Davs to have occurred on the date stated above, at 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. were as follows: Date of onset 8. Trade, profession, or particular NOIL kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPA 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Was there an autopsy?_____ HER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed). Registrar. (Address) If phore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: UASSUS Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

1	S' PLACE OF DEAT		F MAR	YLAND-	CERTIFICATE OF DEATH	1
1		Baltimore			47.B)	12
1	Village or City		110		Registration Dist. No.	
					NoSt.,St.,Steam occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Langth of rasidance in cit					s ds.
2	. FULL NAME	Florence Old Cou		iernoff	×	
	(a) Residence: No		(Usual place	-f-b-d-)	St., Ward. If nonresident give city or town and	0
	PERSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	Diate
3.		R OR RACE	5. SINGLE, MAR	RRIED, WIDDWED.	21. DATE OF DEATH	
	Female White	•	Marrie	(write tha word)	February 1, 1936	193
5a.	If married, widowad, or divo	rcad			(Month) (Day)	(Year)
	(or) WIFE of Ge	orge Stie	rhoff		22. JHEREBY CERTIFY, That I attanded of October 30 1935 to January 31	deceased from
6	DATE OF BIRTH (month down		av 10 1	864	Tonuany 21 36	, 19
-	DATE OF BIRTH (month, day AGE Yaars	(, and year) Months	Days	If LESS than	to have occurred on the date stated above, et 1.458. m.	; death is sald
	71	8	20	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related ceusas of importance	
Z	8. Trade, profassion, or pa	rticuler			wera as follows:	Date of onset
110	SAWYER, BODKKEE	PER, etc.	Housewif	е	Pulmonary hemorrhage	Sudden
JPA	Industry or business in work was dona, as S	ILK MILL.	At hom	ie		
OCCUPATION	SAW MILL, BANK, e 10. Dete dacaasad last work this occupation (monyear)	kad at 131/3	6 11. Total 1	time (years) intin this ife		
-				upetion	Othar Contributory Causes of importance:	
12.	BIRTHPLACE (city or town). (State or country)	Maryl	and		Carsinoma of left lung	
~	13. NAME Gilbert	Bunn			Careinoma of fert lang	
FATHER		Now	York		Name of operation None Data of	
FA	14. BIRTHPLACE (city or to (State or country)	wn)			Clinical	No
ER	15. MAIDEN NAME KE	ate Lutz			What tast confirmed diagnosis? OFFITE GAT Was there an au 23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or toy	wn) M	aryland		Accident, suicide, or homicide? Data of injury	
Σ	(State or country)				Where did injury occur?	
¥7.	INFORMANT	rge Stier			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
	***************************************	cesville,	Md.			
18.	BURIAL, CREMATION, OR BI	udge	Data Fel	. 4 19.26	Mannar of injury	
19.	UNDERTAKER Hora (Addrass) 36.3	ed 7	Being.	ee Ballin	24. Was disaase or injury in any way releted to occupation of decaased?	No
20,	FILED Jeb- 1 - ,1	936 86	Wich	Registrar.	(Signed) C. E. Miller, Md. (Address) Pikesville, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The princip of importan	Date of onset	
Arteriosclerosis	1915	Attack of epi	1 week ago	
Chronic interstitial nephritis	1921	Run over by s	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	DEST & NAM	3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contr		
Gallstones	May 1,1923	1,1923 Gastroenteritis		1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PEB5 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH Registration Dist. No. Village or City... (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidenca in city or town where death occurred. How long in U.S. if of foralgn birth? _____vrs. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attanded deceased from (or) W450 01 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... Data deceased last worked at 11. Total tima (yaars) this occupation (month and spent In this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed dlegnosis?, Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accidant, suicide, or homicide? _____ Date of Injury _____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1?. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury Nature of injury. 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

ii.

DEATH

30 CAUSE mation

MOIL

be

plnods OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 6 1936				
Other contributory causes of importance: 8.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1474

1. PLACE OF DEATH		(93-6)	V		
County (Sallo bo.			Registration Dist	. No. 4	4
Village Dr City Balto	No.	Summitare do	th Rd	St	Ward
Length of residence in city or town where death occurred		nred in a hospital or institu is. How long in U.S. if o		tead of street and nu	umber)
m. ()		15. 110 W 1011g 111 0, 3, 11 0	i loreign birth?	yrsmos	
2. FULL NAME THOMAS	and I		X		
(a) Residence: No. (Usual place of abo	ode)	Ward.	If nonresident give	city or town and S	State
PERSONAL AND STATISTICAL PARTICUL	_ARS	MEDICAL C	ERTIFICATE O		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (207		TE OF DEATH	(Month)	31 (Day)	193
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	lt 22.8	1 HEREBY	CEBTIFY.		
C DATE OF SIDEL () 10	-0		19.7.A., to 2	7	, 19.6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	20	w h aliva on occurred on the date stata	d above at	19 2 4 ;	daath Is said
77 7 10	lay, Tha PR	INCIPAL CAUSE OF DEAT		importance	
8 Trade profession or particular	were as	follows:			Oate of enset
SAWYER, BOOKKEEPER, etc.	1		- 44		
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	me	your	Alway	weg	2
Date daceasad last worked at this occupation (month and year)	his				
12. BIRTHPLACE (city or town)	Dther C	outributory Causes of impo	rtance:		
(State or country)		artim	Silvin		2
13, NAME Villam Stigh	_			2	
14. BIRTHPLACE (city or town)	Name of	operation		Data of	
(State of couldness)		st confirmad diagnosis?	current	Was there an au	opsy?
15. MAIDEN NAME Rebeca Bans	25, 11 0 88	th was due to external cau			
16. BIRTHPLACE (city or town) (State or country)		t, suicida, or homicida?	Date	of injury	, 19
Dan Hilla		id Injury occur?	(Specify city or town	, county and State))
17. INFORMANT (Addrass)	S O J	whether injury occurred Ir	I INDUSTRY, IN HUME,	OF IN PUBLIC PLAC	JE.
18. BURIAL, CREMATION, OB REMOVAL Place Mew Ballidad Date Teb 2	5 10 3/	of injury	*******************		
m - t - W/ 10'11	1	of Injury			~_
19. UNDERTAKER // CULLUS // CO CALLES	24. Was d	disease or injury In any w	y ralated to occupation	of deleased?	
The 1 2/11 41	10	gnad) / 4 30	Revor		M. D.
20. FILED Let of, 19 5 b Stand	Registrar.	(Address)			
If more blanks are needed, address	State Registrar 2411 N. C.	harles Street, Baltimore, Re-	questing U. S. No. 1.		Company of the Compan

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhäge	July 5,1927	Peritonitis	3 days ago	
MAR 4 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(C)	X		2 11
	Registration Dis	t. No.	34
		St	Ward
or institution	, give its NAME in	stead of street an	d number)
U.S. if of fo	reign birth?	yrs	.mosds.
on,			
/			
******	If nonresident give		
AL CER	RTIFICATE O	F DEATH	
ATH			
	2	4	, 193 (Year)
(Month)	(Day)	(Year)
EBY	CERTIFY.		
19	Mad	2 age	4,19
tone		, 19	; daath is said
ate stated a	bove, at	m,	
	and related causes o		
	1 Zona.		Date of onset
7 07	00	0	
Le	Blos	-	
from	- the	lack	
-9/	2		
of Importa	nca:		
• of thipotra	nce.		
		Dete of	
nosis?		Was thara a	n autopsy?
ernel causes	(VIOLENCE) fill in	also the follow	ing:
icida?	Date	of injury	19
			, 4
	(Specify city or tow IDUSTRY, In HOME,	n, county and S	tate)
currea in in	IDUSTRY, IN HUME,	or in PUBLIC	PLACE.
in any way i	ralated to occupetion	n of dacaased?_	
A			
h	1 Re	2ho) M.A
to	mel	eal	he .

(Addrass) Z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAP 4 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July5,1927	Peritonitis	3 days ago
	J	9	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other seathers are a firm to the seathers.			
Other contributory causes of importance:	1 1 1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	107-9 ×
County Balto.	Registration Dist. No. 12
Village or City (If the Longth of residence in city or town where death occurred yrs, / mos.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Residence: No. Suttes (Usual place of abode)	U
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Selv. 23 198 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY. That t attended deceased from 22, 1936, to July 23 1936
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to heve occurred on the date steted above, at 3. P. m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) 13. NAME 14. BIRTHPLACE (City or town) (State or country) (State or country)	Name of operation
15. MAIDEN NAME Grace Gent. 16. BIRTHPLACE (city or town) Clertment (Reclige (State or country))	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT M. 9. D. Lines of Confession of the Alexander of the Alexand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
Place Sestant Unidac Dete 1-21-25, 1936	Manner of Injury
19. UNDERTAKER Wm. C. Barolis fay	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Fel 24th, 1936 J. Brack m.D. Resistrar.	(Signed) Lithur O. Ousor M. I. (Address) Cuckers Swille Sand.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- , V. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			0.00	

No.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows; of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

M

PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT classified. TION is very important. See instructions on back of certificate. properly AGE should be OF DEATH in plain terms, so that it may De carefully supplied. mation shou N. B.—WRITE CAUSE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	92:0)
County Ballinore	Registration Dist. No. 32
Village Dr City Processelle	NoSt Ward
Length of residence in city or town where death occurredyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
U att	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Prace 13. Majer	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jugue Waters	1 HEREBY CERTIFY, That I attended deceased from 1934, to FM 12 1936
6. DATE OF BIRTH (month/dey, end yeer) Feb. 12. 1936	1 lest saw h 2 alive on Fal 11 1936 : deeth is said
7. AGE Yeers Months Deys If LESS to	
55 4 20 1dey,	warf as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER.	Chr (Valv. Hyt Dis
1 9. Industry or business in which	erlessocilesos
work wes done, as SILK MILL, a house	
11. Total time (yeers) this occupation (month end / 9.3 4 spent In this occupation cocupation spent In this	
12. BIRTHPLACE (city or town) landallatorn	Other Contributory Causes of Importance:
(State or country)	
13. NAME Sauce Bruce 14. BIRTHPLACE (city or town) Current	
14. BIRTHPLACE (city or town) (SALVENOUS)	Name of operation
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME lewere line Henders	23. If death wes due to external couses (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
19 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A LAST CAMPAGE (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Pleast / ham as less Date 124 /6, 15	Nature of injury
19. UNDERTAKER Jos. Linely	24. Wes disease or injury In any way related to occupation of deceased? %
(Address) 409 Monach	If so, specify
20. FILED Feb. 15, 1936 St & & Wellas	(Signed) M. D.
Registr	ar. (Address) Landalls for mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAR 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis. Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
And the second s			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

should state

of OCCUPA-

	1. PLACE OF	F DEATH	, 1/1/11		- Bio	14	70
County Baltimore					Registrati	ion Dist. No32 3	2
		ity Pikesville		(I	Nol 4. Church Lane death occurred in a korpital or institution, give ita NA ds. How long in U.S. if of foraign birth?	St.,St.,	
		ME Henry Wei				, , , , , , , , , , , , , , , , , , , ,	
		ce: No. 14 Churc		of abode)	St., Ward.	dent give city or town and	State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICA		
	.sex Male	4. COLOR OR RACE White		RIED, WIDOWED. O (write the word)	21. DATE OF DEATH February 10 (Month)	(Day)	, 193 6 (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of, Helena Genevieve Weitzel			22. I HEREBY CERT Aug. 30 ,1935 ,to	IFY, That I attanded			
6		month, day, and yaar) Ma.		5	Hast saw him alive on Feb. 9	, 19.36.	.; daath is sald
	. AGE Yaar 91	Months 9	Days	If LESS than 1 day,hrs. ormin.	to have occurrad on the data stated abova, at 15 The PRINCIPAL CAUSE OF DEATH and ralated of were as follows:		1
OCCUPATION	8. Trade, profes kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etcPE					Data of onset
CIIPA	work was SAW MILI	done, as SILK MILL, DALL, BANK, etc.	esigning		Fractured right hip		Aug. 29
11. Total time (years) this occupation (nput) and year) 11. Total time (years) spant in this occupation 43			it in this 12		***********	1935	
	(State or coun	yor town) Baltimor			Other Contributory Causes of importance:	••••••	
1ER	13. NAMEHenr	ry Frederick V	Veitzel				
FATHER	(Stata UI	(city or town) Baltin country) Maryla		•	Name of operationNone What test confirmed diagnosis? Clinical	Date of	autonsy? NO
HER	15. MAIDEN NAM	MEBuck	cheimer				
MOTHER	16. BIRTHPLACE (Stata or	(city or town) Balt in country) Maryla	nore and		23. If death was due to axternal causes (VIOLENCE) fill in also the following: accident Accident, suicide, or homicide? Where did injury occur? Pikesville		
17. INFORMANT Mrs. John Lyons (Addrass) 14 Church Lane			(Specify city or town, county and State) Spacify whethar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. In his home				
18	18. BURIAL, CREMATION, OR REMOVAL GENTLE Ful 13, 1936				s bedroom		
15	9. UNDERTAKER W (Address) N	m. f. Tickner lorth & Penna.	& Sons		010	cupation of deceased? No	0
	0. FILED 2/16	<u>a</u>	Ekre	has	(Signed) Pleantl	e md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a selesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dring, e.g., the art failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause of Under other contributory causes of importance, name other important diseases or injuries. Examples:

Frample I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitud phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	A	U	19	
1	7	0	A.	

1. PLACE OF D	EATH				-
CountyBal	timore			Registration Dist. No	38
Village or City	Carney	death occurred	8 yrs mos	No. And A CA. St., f death occurred in a hospital or institution, give its NAME instead of street death. How long in U.S. If of foreign birth?	
2. FULL NAME	Francis	John Warn	a+h	If II S Veteran specify WAR None	
	lo. Carney			If U. S. Veteran, specify WAR None St., Ward. If nonresident give city or town	and State
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. 0	White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Febry 26 (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of Fr	ances T. W	erneth		22. I HEREBY CERTIES. That I atter	ided deceased from
6. DATE OF BIRTH (mont 7. AGE Years	h, day, and year) Months	June 27,	1857 If LESS than	to have occurred on the date stated above, at 2 2 m.m.	3.6; death is said
78	or particular	29	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance write as follows:	Data of onset
J. Industry or busin work was done SAW MILL, BA	e, es SILK MILL, NK, etc t worked at		ime (years)		Long
this occupation year) 12. BIRTHPLACE (city or t (State or country) 21. 13. NAME Table	own) Balt	imore,	nt in this upation	Other Contributory Causes of Importance: Bengy Hypertrofaby	Seve
13. NAME I,120				Name of operation Date What test confirmed diagnosis? Was there	10
15. MAIDEN NAME Barbara ? 16. BIRTHPLACE (city or town) Germany (Stete or country) 17. INFORMANT Mrs. Frances T. Werneth		23. If death wes due to external causes (VIOLENCE) fill in also the folion Accident, suicide, or homicide?	Dwing:, 19		
(Address) 18. BURIAL, CREMATION,	Carney, Md		29 , ₁₉ 36	Manner of Injury	
19. UNDERTAKER (Address) 20. FILED 2/2.8	1,36 C	Pa B	dua	24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed)	W M.D.
20. 11660	, 13		Registrar.	(Address) 5543 Hurbar	1/100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAI mation shou CAUSE

m

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- FAU V. S.	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Marin B. Green are

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

(Day)

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F.F.D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 0 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 4
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	OF MAR	rland—	CERTIFICATE	JF DEA	148	3
County Baltimore			(7)	Registration [list Nn (9	?4
Village or City Hamps	tead,	R.D.	Np. death occurred in a hospital or instituti	ion, give its NAME	St.,	
2. FULL NAME Helda	Digna,	yrs Wilh	ds. How long in U.S. if of	foreign birth?	yrs	mosds.
(a) Residence: No. Hamy	(Usual place o	of abode)	St.,Ward.	If nonresident	give city or town an	ad State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CE	RTIFICATE	OF DEATH	
Temale White	5. SINGLE, MARR OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	2 (Month)	2 >	, 193-6 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY	<u>`</u>	f. That f attende	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	W. 4 - Days	1935 If LESS than 1 dey,hrs.	I last saw h alive on to have occurred on the date stated	l above, at 3. d	, 19 m.	; death is sald
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	23	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	H and releted cause	s of importance	Date of onest
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Brondise	Parism	ona.	2/15/3
10. Date deceased last worked et this occupetion (month and yeer)	11. Total tir	ne (years) t in this pation	Dther Coutributory Causes of impor	tance:		
(State or country)	your for	Jul.	-	•		
13. NAME Permany 14. BIRTHPLACE (city or town) (Stete or country)	rulan	L	Name of operation			autopsy? NO
15. MAIDEN NAME Bessik 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	Mo Bor Alger Wilhel	vew illa	23. If death was due to external caus Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred in	es (VIOL ENCE) fill (Specify cky or I	in also the following	ng:
18. BURIAL CREMATION OR REMOVAL Place Transaction	2. Date Theb.	29 ,1936	Menner of injury			
19 UNDERTAKER (Address)	Saber	*	24. Was disease or injury In any wa	y related to occupa	tion of deceesed?.	
20. FILED & 28 , 1936 6.	G. Jow	Registrar.	(Signed) Address) H	res	ad h	M. D.

CERTIFICATE OF BEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example If Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsu 1 week ago Chronic interstitial neghritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis 3 days ago July 5.1927 MINEFALLY Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

(M	

state

pluods

PHYSICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ___mos.____ds. How long in U.S. If of foreign birth?_____vrs.____mos. Willia Viadudou (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) murrier. (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Willis Zzns. 1858 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the date stated above, at 8 45 A m 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 18 10 or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and Jel 512 36 spent in this occupation_ Other Contributory Causes of importance: (State or country) FATHER 13. NAME 1000 14. BIRTHPLACE (city or town). Name of operation (State or country) What test confirmed diagnosis?___ ----- Was there an autopsy?_ MOTHER 15. MAIOEN NAME Inenous 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19__ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ (Address) 18. BURIAL, CROMATION, OR RE Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

RESERVED

MARGIN

may

OF DEATH-in

CAUSE

should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory earlies of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Dallman	GO CERTIFICATE OF DEATH
Village or City Catonsville (No./13 Park	Registration Dist. No. 30 St.: Ward) (If death occurred in a hospital or install or ins
2 FULL NAME Mrs. mangaret &	tion, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX) 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 16, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I lest saw hereafter on 192
7 AGE If LESS than day hrs. or min.?	The state of the s
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Hilalala
Dusiness, or establishment in which employed or (employer)	Contributory Myotoy Lt., Skalle
(State or country) 10 NAME OF FATHER About	Secondary (Duration) Via 1 dos 4 do (Signed)
11 BIRTHPLACE OF FATHER (State or (country)) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. Jan Backhusan	Where was disease contracted, if not at place of death? Former or usual residence
(Address) 2126 W. Baismond an	TO PRACE OF AURIAL OF REMOVAL DATE OF BURGAL
Filed 2/ 19236 All Registrar	George L. Schwar. 201 Budnick a
If more blanks are nedded, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a dcfinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. - The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train— "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature Chronic etc. valvular heart The contributory Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

of OCCUPA-

V. S. No. 1

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 3/
Village or City Harmwood	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary EJ Will (a) Residence: No. Nerrowal (Usual place of abode)	St., Ward. If oonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH February 14, 1936. (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of Gordon Street HUSBAND of Gordon OF GOR	22. I HEREBY CERTIFY. Thet I attended deceased from february 14, 1936. I last saw hax. Slive on february 14, 1936; death is said to have occurred on the date stated above, at 1/P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as tollows:
8. Trede, protassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date dacasad last workad at this occupation (month and year) 11. Total time (years) spant in this occupation	Charles Armorlage Feb. 14. Dither Coutributary Causes of importance:
12. BIRTHPLACE (city or town) Harpers ferry (State or country) 2 Uq 3. NAME 13. NAME 14. State or country)	
14. BIRTHPLACE (city or town) (State or country) W. Vq.	Name of operation
15. MAIDEN NAME Vinginia Errhart 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Friends	23. If death was due to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Randallstown 2nd 18. BURIAL, CREMATION, OR REMOVAL Place Doublain Cintlepate Feb 17, 1936	Mannar of injury
19. UNDERTAKER & C. Digenbothom (Address) Celicott Citle mil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 13- 1936 wm & martin Registrar.	(Signad) Caudallaton M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 148
n	Registration Dist. No. 38
Village or City /allrward	No. Roldrey Hojahts St. Wa
Length of residence in city or town where death occurred 4 yrs mos 2. FULL NAME (a) Residence: No. Reduce the second occurred 4 yrs mos (b) 10 yrs mos	ller. — — — — — — — — — — — — — — — — — — —
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wedden 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Curtain Uliuluuller (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from the state of the s
5a. If married, widowad, or divoged HUSBAND of (or) WIFE of Curtau Ululuuller 6. DATE OF BIRTH (month, day, and year) Ple 13, 1860 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h. er alive on Jel 17 , 1956; death is s
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
kind of work dona, as SPINNER, Returned SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Ruemania Rober 2/14)
10. Data deceased last worked at this occupation (month and sys. spent in this year). 12. BIRTHPLACE (city or town) Littlestown	Other Contributory Causes of importance:
(State or country) Pennsylvania 13. NAME Sour Seisloman	Marites Wellitas - unh
13. NAME Sul Seislowar 14. BIRTHPLACE (city or town) Letterstown (State or country)	Name of operation Date of
15. MAIDEN NAME Mary a. Carbaugh	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Luttusty (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Leighton Byers (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washingster Date 9, 1936	Mannar of injury
19. UNDERTAKER N. Bankard & Son A	24. Was disaase or injury In any way related to occupation of deceasad? (1) If so, specify
20. FK 80 MV 17 Bb AV Parel Parton	(Signed) Multiple M

If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	MI			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	May 1,1923		1	

of OCCUPA.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	22-0 ×
County Jallinionia	Registration Dist. No.
Village Dr City Woodenburg	ND. St., Ward
Length of rasidence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William Wittl	cost
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBANO of Elizabeth Witthopf	22. HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 13, 1866	I last saw h. (1) aliva on 24, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:204 m.
19 11 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Trade, profession, or particular	were as follows:
Nind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Loso Ve f
9. Industry or business In which	Denvin pensionage
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town).	Dther Contributory Causes of Importance:
(State or country)	heldarskungen
13. NAME William Without	Magnicalia
(State or country)	Name of operation
e e e	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eleanon deleng	23. If death was due to external causes (VIDLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT . Geo. attempt (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece Persons Date Fel 27, 1936	Nature of Injury
19. UNDERTAKER Win G. Brocks Son	24. Wes disease or injury In any way related to occupation of deceased?
(Address) - Square and	If so, spacify
20. FILED TUBE 2, 1935 A. M. Slade	(Signad) Assured M. O.
Registrar.	(Address) Plus lus broth Mell

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	oli I	Example II	
The principal cause of death and related causes of importance were as follows: MAR 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & JAPAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state of OCCUPA. Exact statement AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAIN

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	9270 40
County Dallo -	Registration Dist, No. 30
Village or City Calonial le	No. Oluga Hard St., Ward death occurred in a hospital prinstitution, give its NAME instead of street and number)
Langth of residance in city or town wharerdeath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Chracel Go	uug if U. S. Veteran, specify WAR
(a) Residence: No. 1833 Rulland (Usual place of abode)	Q St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WILDOWED,	21. DATE OF DEATH
Hemale White ORDIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed or divorced HUSBAND of Charles M. Loung	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, dey, end year) Not 30, 1870	I last saw h alive on
7. AGE Years Months Days If LISS than 1 day,hrs.	to heve occurred on the data stated above, at
65 2 13 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profassion, or perticular kind of work dona, as SPINNER,	Deseased had Gaget's disease of lone; not
SAWYER, BOOKKEEPER, etc.	Coget's disease of nipple enger.
work was done, as SILK MILL,	01 00
SAW MILL, BANK, etc	- Wrome (marcardules. }
this occupation (month and spent in this occupation	1
10 1 De	Other Cantributory Causes of importence:
12. BIRTHPLACE (city or lown)	0
(State or country)	- Source College College
13. NAME ROLL REWING HOUSE	Neme of operation itis Pilosoperaticals) Dete of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME AVUEL 1. Kulling	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19
∑ (State or country)	Whera did injury occur?
17. INFORMANT / MCCla / Julell (Address) 743 Reads and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION OR REMOVAL Pleca Calling of Line 1 18 19 3 (Manner of injury
19. UNDERTAKER MILLEUR HONS (Addrass) Mark Pagues	24. Was disaase or injury in any way related to occupation of decaasad?
20. FILED Feb 16 136 Manhalle B lorsh Registrar.	(Signad) (Address) 3005 & Monum 1 S.T.
Registrar.	(1901033)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

3	- 10-	Example II	
ses	of oreset	The principal cause of death and related causes of importance were as follows:	Date of onset
-	1915	Attack of epilepsy	1 week ago
130	1921	Run over by street car	1 week ago
10	July 5,1927	Peritonitis	3 days ago
13			
		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ses	1915 1921 Junto, 1927	of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

(Year)

Date of onset

Was there en eutopsy?

(Day

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltimore bluods County Village or City Eudowood Sanatorium, Towson, No. PHYSTGLANS Length of residence in city or town where death occurr JERD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write tha Jord) CTL nanu 5a. If marriad, widowad, or divorcad BINDIN HUSBAND of (or) WIFE of 田 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Yaars Months If LESS than or min. rada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc..... RESERVED back may pluods 9. Industry or business in which work was dona, as SiLK MILL SAW MILL, BANK, atc. on 10. Dete deceased lest worked et 11. Totel time (years) this occupation (month and spent in this that occupation ... instructions 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (Stata or country) carefully OTHER important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town) (Stata or country) be Whare did Injury occur plnods 17. INFORMANT .. Eugawood Sanatorium. OF 18 BURIAL, CREMATION, OR REMOVAL Mannar of injury -WRITE Pla Baltimore Cemetrey, Feb. 29 mation USI Natura of injury. William Cook 19. UNDERTAKER Anddiess) St. Paul & Preston Sts, Baltamore specifi V. S. No. 20. FILED / 1/2 Deputy LOCA Kegistrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Day) (Year) RTIFY. That I attanded daceased from to have occurred on the date stated abova. The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance Date of onset What test confirmed diagnosis? 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?____ ----- Date of injury (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was diseasa or injury in any way related to occupation of dacaasad?_ (Addrass) Towson

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year